	Action Item	12
PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA COMMISSION DIRECTIVE	LINA	

ADMINISTRATIVE MATTER		DATE	May 19, 2022	
MOTOR CARRIER MATTER	V	DOCKET NO.	2009-167-T	
UTILITIES MATTER		ORDER NO.	2022-357	

THIS DIRECTIVE SHALL SERVE AS THE COMMISSION'S ORDER ON THIS ISSUE.

Order Directing Clerk to Schedule and Hold a Public Forum on the Proposed Changes to the Commission's Published Transportation Applications for Class A, C, and E Authority

SUBJECT:

<u>Docket No. 2009-167-T</u> - <u>Revisions to the Commission's Transportation Applications</u> - Staff Presents for Commission Consideration Revisions to the Commission's Class A, C, and E Form Applications.

COMMISSION ACTION:

In preparation for the potential enactment of Bill S.1045 which is awaiting signature and consideration by the Governor and that amends and repeals certain South Carolina statutes related to the licensure and regulation of transportation companies, Commission Staff worked to enhance all applications and bring them into compliance with these changes. Due to the likely imminent signing into law of this bill awaiting signature of the Governor within the next five days, I move that the Commission direct the Clerk to schedule and hold a Public Forum on the proposed changes to the Commission's published Transportation Applications for Class A, C, and E Authority. The purpose of this Public Forum is to receive comments from interested persons concerning the proposed changes proposed by Staff to the Applications submitted by transportation companies seeking a Class A, C and E Certificate of Authority to operate in South Carolina. I further move that Staff publish these proposed application changes along with this Directive in the docket.

Belser			SES	SION: Regular	TIME: 2:00 p.m.
	MOTION	YES	NO	OTHER	
BELSER		✓			Present in Hearing Room
CASTON		V			Voting via WebEx
ERVIN		✓			Voting via WebEx
POWERS		~			Voting via WebEx
THOMAS		~			Voting via WebEx
C. WILLIAMS	V	✓			Voting via WebEx
J. WILLIAMS				Absent	

RECORDED BY: J. Schmieding



CLASS A/A RESTRICTED APPLICATION PROCESS

Step 1: Complete and Submit the Application.

Please ensure your name/name of business is consistent throughout the Application

- A. Complete all sections of the Transportation Cover Sheet and Application.
- Provide all signatures as required.
- C. Application must be notarized in appropriate areas.
- D. If Applicant is incorporated, please attach Articles of Incorporation.
- E. Call the Public Service Commission at 803-896-5100 with any questions regarding the completion of the Transportation Cover Sheet and Application.
- F. Mail completed Transportation Cover Sheet and Application to:

Public Service Commission and Clerk's Office
101 Executive Center Drive, Suite 100 Columbia, SC 29210

Office of Regulatory Staff Transportation Department 1401 Main Street, Suite 900 Columbia, SC 29201

PSC Website

ORS Website

G. Contact the Office of Regulatory Staff Transportation Department at 803-737-0800 with any questions regarding the certification process.

Step 2: Application is assigned a Docket Number.

- A. Applicant will receive a confirmation letter indicating the Docket Number assignment. Information (filings, correspondence, etc.) is available on the Commission's Docket Management System (DMS) at https://dms.psc.sc.gov/Web.
- B. A confirmation letter from the Commission will explain attorney requirements.

Step 3: Notice of Filing

- A. Applicant will receive cover letter and Notice of Filing document to be published in newspaper(s) of general coverage.
- B. Notice of Filing document will include a "return date" which signifies the deadline for parties to intervene as a party of record.
- C. Applicant **MUST** provide the Commission with the Original Publishers' Affidavits by the date specified in the cover letter.

Step 4: Witness and/or Attorney Information

A. Applicant or Attorney MUST advise the Commission in writing of the number of witnesses to be presented at the hearing and the amount of time needed for presentation of testimony.

Step 5: Notice of Hearing

A. A Notice of Hearing document including the date, time and place of the hearing will be mailed to all parties of record, if it is determined that a hearing is required.

Step 6: Public Service Commission Action

- A. The Commission may discuss and approve or deny the application during a regularly scheduled Public Service Commission meeting.
- B. Applicant will receive an Order approving or denying the application from the Commission.
- C. If approved, Applicant has 90 days from the date of the Order to comply with the rules and regulations of the Public Service Commission.

STATE OF SOUTH CAROLINA	DEFODE THE
(Cartian of Cart)	BEFORE THE PUBLIC SERVICE COMMISSION
(Caption of Case) Example: Application for a Class C Charter Certificate from	OF SOUTH CAROLINA
John Doe dba Doe's Limo	-
John Doe doa Doe's Enno	TRANSPORTATION COVER SHEET
j	
)	DOCKET
	NUMBER:
	If this is your first time filing an amplication with the DSC you will not
	If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you
	have filed with the Commission before, a Docket Number was assigned and should be entered above.
(Please type or print)	and should be entered above.
Submitted by:	Telephone:
Address:	TC
Address:	Fax:
	Other:
	Email:
NOTE: The cover sheet and information contained herein neither replaces required by law. This form is required for use by the Public Service of filled out completely.	Commission of South Carolina for the purpose of docketing and must
NATURE OF ACTION	N (Check all that apply)
Application - Class A/A Restricted	Request for Name Change on Certificate
Application - Class C Taxi	Request to Amend Scope of Authority Request to Amend Tariff (rate increase, etc.)
Application - Class C Charter	Request to Amend Tariff (rate increase, etc.)
Application - Class C Charter Bus	Request to Amend Passenger Limit
Application - Class C Non-Emergency	Request
Application - Class C Stretcher Van	Exhibit
Application - Class E Household Goods	Late-Filed Exhibit
Application - Class E Hazardous Waste	Letter
Application	Proposed Order
Request for Extension to Comply with Order	Publisher's Affidavit
Request for Order Granting Authority to Obtain a Certificate to be Rescinded	Reservation Letter
Request for Cancellation of Certificate	Response
Request for Suspension	Return to Petition Other:
	Outer.
I I CONTRACT TO A I CONTRACTOR OF T	

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

101 Executive Center Drive, Suite 100 Columbia, South Carolina 29210

Phone: (803) 896-5100

Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE FOR OPERATION OF MOTOR VEHICLE CARRIER

	Date:	
Select Class: (Check one)		
☐ A - RESTRICTED		
	ficate, in accordance with the provision of S.C. Co	ode Ann., § 58-23-10, et seq
(1976), and amendments thereto.		
1.		
Name under which business is to be con-	ducted (corporation, partnership, or sole proprietorship	p, with or without trade name.)
	Street Address of Applicant	
	1)	
Mailing	Address of Applicant (if different from street address)	
Phone	F	ax
	Email Address	
2. If the Applicant is an LLC or a corp	oration, a copy of the Certificate of Existence fro	m the South Carolina
	of Incorporation must be attached. (If incorporated	
Carolina Secretary of State "Foreign	1 Corporation" Certificate.)	
3. Applicant must provide a State Crin	ninal Background Check from the state where the	Applicant currently lives.
4. Select Entity Type: (Check one)		
☐ Individual Owner/Sole Propriet	orship	
Partnership - List names and ac	ddress of all person having an interest in the busin	ess.
Corporation - List names and a	ddresses of two principal officers.	
-		

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

FINANCIAL STATEMENT

Applicant's assets and liabilities are as follows:

Assets:	<u>Liabilities:</u>
Value of Real Estate	Mortgage/Loan on Real Estate
Value of Motor Vehicles	Loans Owed on Motor Vehicles
Cash on Hand	Business/Other Loans Owed
Cash in Bank	Other Liabilities or Debts
Value of Other Assets and Equipment	Total Liabilities
Total Assets	

INSTRUCTIONS:

- 1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
- 2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
- 3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
- 4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
- 5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
- 6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
- 7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
- 8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
- "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate
 knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills
 such as electricity bills, security system costs, insurance, salaries, etc.

PROPOSED ROUTE AND MILEAGE

Operating between	and	

From	То	State or US Highway #	State Hwys.*	County Hwys.*	Streets of Cities or Towns *
		1 1			

Restricted: To the transportation of passengers to and from places of employment.

Restricted: So as not to permit any charter service.

^{*} Exact distance in miles traveled over.

DESCRIPTION OF EQUIPMENT

VEHIC				WEIGHT	CARRYING 2
#	MAKE	YEAR & MODEL	VIN#	EMPTY	CAPACITY * ROCC
					0
					H
					S
					<u> </u>
					l N
					2022 May 24 7:56 AM - SCPSC
					lõ
					<u> </u>
					<u> </u>
		100			24
					56
					≥
					<u> </u>
					· ·
Th					<u></u>
					S
-					
					2005-83-A -
					>
					<u> </u>
					ag
					Φ
					0
					Page 8 of 94
					4

^{*} Number of seats, including driver's seat, if passenger carrier, or tonnage if freight carrier.

INSURANCE QUOTE

You are not required to purchase insurance until your application has been approved and an order has been issued by the PSC.

All quotes must meet the Public Service Commission requirements and be provided by an insurance company authorized by the South Carolina Department of Insurance to do business in South Carolina. Please attach (or include) a copy of a quote from the insurance company. The insurance quote must list current insurance premiums as listed below.

700	Name of Applicant	
	Address of Applicant	6.6141
	Name of Insurance Company	

The insurance company quote must show the following:

- Liability Insurance Premium
- <u>Liability Insurance Coverage</u> Limits
- Term of Coverage

Minimum Limits - Intrastate Only:

1-7 Passengers*

\$ 25,000/50,000/25,000

* Passengers = Number of seatbelts in the vehicle, including the driver's seatbelt

8-15 Passengers*

\$ 25,000/100,000/25,000

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and

3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

Exhibit Fit, Willing, and Able (FWA)

2	Name
○ Yes If Y	Ilicant have a Safety Rating from the U.S.D.O.T.? O No O Pending (Submit when received.) Tes, indicate rating below and provide copy. Satisfactory O Conditional O Unsatisfactory
•	of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in velve (12) months?
O Yes	O No
O Yes	currently any outstanding judgments against the Applicant? O No st judgements here:
	ant familiar with all statutes and regulations, including safety regulations and governing for-hire motor erations in South Carolina, and does Applicant agree to operate in compliance with these statutes and s?
5. Is Applica therewith? Yes	ant aware of the Commission's insurance requirements and the insurance premium costs associated No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA 101 EXECUTIVE CENTER DRIVE, SUITE 100 COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by

electronic service, registered or certified mail, upon	the parties to the proceeding or their attorneys.
Please check the applicable box:	
through the Commission's eService System. The A	sion orders related to the Applicant's authority in South Carolina pplicant authorizes the Commission to serve its orders by using the ecation. To sign up for eService notifications, please visit www.psc.sc.
The Applicant DOES NOT AGREE to receive future Carolina through the Commission's eService System	re Commission orders related to the Applicant's authority in South n.
The Applicant for the Certificate as set forth in the f the above application are true and correct.	Foregoing, swear or affirm that all statements contained in
	Applicant's Signature
·-	Title of Applicant (e.g. President, Owner, etc.)
	Time of approximation (e.g. Trestasin, e.mer, etc.)
STATE OF SOUTH CAROLINA)	
COUNTY OF	
SWORN TO BEFORE ME This day of, 20	
11113 day of, 20	
Notary Public	
Commission Expires	

Personal Identification Information

Name of Applicant:	1,500 % 4,400
Address:	
Federal Employer Identification Number:	

****** Confidential ******

For Internal Use Only

Print Application

Submitting an application for a Class C Charter Bus Certificate involves two South Carolina state agencies:

1.) Public Service Commission of South Carolina (PSC) www.psc.sc.gov

PSC Website

2.) South Carolina Office of Regulatory Staff (ORS) www.regulatorystaff.sc.gov

ORS Website

The minimum time to obtain authority from the PSC and a certificate from the ORS is approximately four (4) weeks.

PHASE 1 - CERTIFICATION PROCESS - Public Service Commission - Clerk's Office

If you have any questions regarding the completion of the Transportation Cover Sheet and/or the Class C Charter Bus Application, please call the Clerk's Office at 803-896-5100.

Step 1: Complete and Submit the Application.

Please ensure name/name of business is consistent throughout the Application

- A. Complete all sections of the Transportation Cover Sheet and pages 1 through 6 of the Class C Charter Bus Application. (Page 7 will be completed in Step 4).
- B. Provide all signatures as required.
- C. Application must be notarized in appropriate area.
- D. If Applicant is an LLC or incorporated, please attach a copy of the Certificate of Existence from the South Carolina Secretary of State and Articles of Incorporation.
- F. Mail or Fax the completed Transportation Cover Sheet, Class C Charter Bus Application, and attachments to:

Public Service Commission Clerk's Office 101 Executive Center Drive, Suite 100 Columbia, SC 29210 Fax: 803-896-5199

<u>AND</u>

Office of Regulatory Staff Transportation Department 1401 Main Street, Suite 900 Columbia, SC 29201 Fax: 803-737-0815

Step 2: Application is assigned a Docket Number.

A. Applicant will receive a confirmation letter indicating the Docket Number assignment. Information (filings, correspondence, etc.) is available on the Commission's Docket Management System (DMS) at https://dms.psc.sc.gov/Web.

Step 3: Public Service Commission Action

- A. The application is placed on the Commission's Agenda. The application is reviewed by the Commission one week as an advised item and the next week as an action item.
- B. The week the application is on the agenda as an action item, the Commission may discuss and approve or deny the application at its regularly scheduled Public Service Commission Meeting. (See PSC website for calendar.)
- C. The applicant will receive an Order from the Commission approving or denying the application.
- D. If approved, the applicant has 90 days from the date of the Order to comply with the rules and regulations of the Public Service Commission.

PHASE 2 - COMPLIANCE PROCESS - Office of Regulatory Staff - Transportation Department

If you have any questions regarding the requirements to comply with the PSC's Order to obtain a Certificate to begin operating in the State of South Carolina, please contact the Transportation Department at the Office of Regulatory Staff at 803-737-0800.

Complete Steps 4 and 5 only after your application has been approved by the PSC and you have received an Order.

- Step 4: Obtaining a Certificate by Complying with the Public Service Commission Rules and Regulations (Applicant has 90 days from the date of the Order to file proof of insurance and obtain a satisfactory safety audit.)
 - A. <u>Safety Audit</u> Applicant must contact the State Transport Police at 803-896-5500 to schedule a safety audit. Mail the completed Safety Certification (Page 7 of application) to both the PSC and ORS at the above addresses.
 - B. <u>Proof of Insurance</u> Contact your insurance agent and request the insurance carrier complete and file the Uniform Motor Carrier Bodily Injury and Property Damage Liability Certificate of Insurance (**FORM E**.) The insurance carrier must file Form E with ORS. Form E can be scanned and emailed, faxed or mailed to:

Office of Regulatory Staff Transportation Department 1401 Main Street, Suite 901 Columbia, SC 29201 Fax: 803-737-0815

Step 5: Issuance of Certificate

- A. Applicant will receive a Certificate upon completion of Step 4.
- B. Operation without the Certificate is prohibited.

CONTROL OF COLUMN CAROLINA	,
STATE OF SOUTH CAROLINA	BEFORE THE
(Caption of Case)	PUBLIC SERVICE COMMISSION
Example: Application for a Class C Charter Certificate from	OF SOUTH CAROLINA
John Doe dba Doe's Limo)
	TRANSPORTATION COVER SHEET
	DOCKET
	NUMBER:
	<u> </u>
	If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you
	have filed with the Commission before, a Docket Number was assigned
(Please type or print)) and should be entered above.
Submitted by:	Telephone:
Address:	_ Fax:
	Other:
	Email:
NOTE: The cover sheet and information contained herein neither replac	
as required by law. This form is required for use by the Public Service	
be filled out completely.	
NATURE OF ACTION	N (Check all that apply)
Austication Class A/A Bastriated	December from Name Change on Contiferate
Application - Class A/A Restricted	Request for Name Change on Certificate
Application - Class C Taxi	Request to Amend Scope of Authority
Application - Class C Charter	Request to Amend Tariff (rate increase, etc.)
Application - Class C Charter Bus	Request to Amend Passenger Limit
Application - Class C Non-Emergency	Request
Application - Class C Stretcher Van	Exhibit
Application - Class E Household Goods	Late-Filed Exhibit
Application - Class E Hazardous Waste	Letter
Application	Proposed Order
Request for Extension to Comply with Order	Publisher's Affidavit
Request for Order Granting Authority to Obtain a Certificate	Reservation Letter
to be Rescinded	Response
Request for Cancellation of Certificate	Return to Petition
Request for Suspension	Other:
Request for Reinstatement	

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA 101 Executive Center Drive, Suite 100 Columbia, South Carolina 29210

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CLASS C CHARTER BUS CERTIFICATE

		Date:
CL	LASS C - CHARTER BUS	
	oplication is hereby made for a Certificate, in accordance with the 976), and amendments thereto.	e provision of S.C. Code Ann., § 58-23-10, et seq.
1.		
	Name under which business is to be conducted (corporation, partnersh	nip, or sole proprietorship, with or without trade name.)
	Street Address of Ap	plicant
-	Mailing Address of Applicant (if diffe	rent from street address)
2	Phone	Fax
-	Email Address	3
5	If the Applicant is an LLC or a corporation, a copy of the Certif Secretary of State and the Articles of Incorporation must be attac Carolina Secretary of State "Foreign Corporation" Certificate.)	
3. 5	Select Entity Type: (Check one)	
	☐ Individual Owner/Sole Proprietorship	
	Partnership - List names and addresses of all person having	g an interest in the business.
	Corporation - List names and addresses of two principal of	ficers.

DESCRIPTION OF EQUIPMENT

EAR & MODEL	VIN#	WEIGHT EMPTY	SEATING CAPACITY
			5,000
11	- Park - March - Park -		
EVI- SALIDERNA - KVINSK A. III.			
pill on the little			

INSURANCE QUOTE

You are not required to purchase insurance until your application has been approved and an order has been issued by the PSC.

All quotes must meet the Public Service Commission requirements and be provided by an insurance company authorized by the South Carolina Department of Insurance to do business in South Carolina. Please attach (or include) a copy of a quote from the insurance company. The insurance quote must list current insurance premiums as listed below.

Name of Applicant	
Address of Applicant	
Name of Insurance Company	

The insurance company quote must show the following:

- Liability Insurance <u>Premium</u>
- Liability Insurance Coverage Limits
- Term of Coverage

Minimum Limits - Intrastate Only:

16 or More Passengers*

\$25,000/300,000/25,000

*Passengers = Number of seatbelts in the vehicle, including the driver's seatbealt

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and

3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

Exhibit Fit, Willing, and Able (FWA)

	Name of Applicant
1.	Does Applicant have a Safety Rating from the U.S.D.O.T.? Yes No Pending (Submit when received.) If Yes, indicate rating below and provide copy. Satisfactory Conditional Unsatisfactory
2.	Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months? Yes No
3.	Are there currently any outstanding judgments against the Applicant? O Yes O No If Yes, list judgements here:
4	Is Applicant familiar with all insurance regulations and safety regulations governing charter bus carrier
٠.	operations in South South Carolina, and does Applicant agree to operate in compliance with these regulations?
	○ Yes ○ No
5.	Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith? O Yes No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA 101 EXECUTIVE CENTER DRIVE, SUITE 100 COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by

electronic service, registered or certified mail, upon	the parties to the proceeding or their attorneys.
Please check the applicable box:	
The Applicant AGREES to receive future Commission's eService System. The A	sion orders related to the Applicant's authority in South Carolina Applicant authorizes the Commission to serve its orders by using the plication. To sign up for eService notifications, please visit www.
The Applicant DOES NOT AGREE to receive future Carolina through the Commission's eService System	re Commission orders related to the Applicant's authority in South m.
The Applicant for the Certificate as set forth in the the above application are true and correct.	foregoing, swear or affirm that all statements contained in
	Applicant's Signature
	Title of Applicant (e.g. President, Owner, etc.)
STATE OF SOUTH CAROLINA)	
COUNTY OF	
SWORN TO BEFORE ME Thisday of, 20	
Notary Public	
Commission Expires	

Detach, complete and remit AFTER your safety audit has been performed by State Transport Police.

Applicant's Name

Safety Certification

If your operations are subject to Safety Fitness Procedures of the Federal Motor Carrier Safety Regulations (FMCSR) (49 CFR Parts 100-199), even if you have not yet received a Safety Fitness Rating, you must certify as follows:

Applicant has access to and if familiar with all applicable U.S.D.O.T. regulations relating to the safe operation of commercial vehicles. In so certifying, applicant is verifying that, as a minimum, it:

- 1. Has in place a system and an individual responsible for ensuring overall compliance with the FMCSR and the HM regulations;
- 2. Can produce a copy of the FMCSR and the HM regulations;
- 3. Has in place a driver safety/orientation program;
- 4. Is familiar with the FMCSR governing driver qualifications and has in place a system for overseeing driver qualification requirements in accordance with 49 CFR Part 391.51C;
- 5. Has in place policies and procedures consistent with FMCSR governing driving and operational safety of commercial motor vehicles, including drivers' hours of service and vehicle inspection, repair, and maintenance (49 CFR Parts 392;395 and 396);

		CFR Parts 392;395 and 396);	or service and vernere inspection, repa	n, and
6	5. Is in compliance Part 40, 382, if a		Alcohol Use and Testing as stated in FI	MCSR (49 CFR
	PLEASE CHECK	THE APPROPRIATE RESPONSE	EBELOW:	
	○ Yes	O Not Applicable		
hazardou	s materials in a qua		GVWR of 10,000 pounds or less) and one HM regulations and are thus exempt	
	Applicant is famil	iar with and will observe FMCSR ge	eneral operational safety fitness guidel	ines.
	PLEASE CHECK	THE APPROPRIATE RESPONSE	BELOW:	
	○ Yes	Not Applicable		
			CSR and/or the HM regulations and ce, may have its certificate revoked.	d upon completion
Ī,		, verify under pen	nalty of perjury under the laws of the S	tate of South Carolina,
qualified criminal	and authorized to	file this application. I know that will ble by imprisonment and fines as pre	ication is true and correct. Further, I calful misstatements or omissions of matescribed by law. (Note: This oath emb	terial fact constitute
	SWORN TO BE	EFORE ME	Applicant's Signati	ure
This	day of	, 20	11	
		C Dallace		
Notary Pu	blic			
Commiss	on Expires			Print Application

Submitting an application for a Class C Taxi Certificate involves two South Carolina state agencies:

1.) Public Service Commission of South Carolina (PSC) www.psc.sc.gov

PSC Website

2.) South Carolina Office of Regulatory Staff (ORS) www.regulatorystaff.sc.gov

ORS Website

The minimum time to obtain authority from the PSC and a certificate from the ORS is approximately four (4) weeks.

PHASE 1 - CERTIFICATION PROCESS - Public Service Commission - Clerk's Office

If you have any questions regarding the completion of the Transportation Cover Sheet and/or the Class C Taxi Application, please call the Clerk's Office at 803-896-5100.

Step 1: Complete and Submit the Application.

Please ensure your name/name of business is consistent throughout the Application

- A. Complete all sections of the Transportation Cover Sheet and Class C Taxi Application.
- B. Provide all signatures as required.
- Application must be notarized in appropriate area.
- D. If Applicant is an LLC or incorporated, please attach a copy of the Certificate of Existence from the South Carolina Secretary of State and Articles of Incorporation.
- F. Mail or Fax the completed Transportation Cover Sheet, Class C Taxi Application, and attachments to:

Public Service Commission Clerk's Office 101 Executive Center Drive, Suite 100 Columbia, SC 29210 Fax: 803-896-5199

AND

Office of Regulatory Staff Transportation Department 1401 Main Street, Suite 900 Columbia, SC 29201 Fax: 803-737-0815

Step 2: Application is assigned a Docket Number.

A. Applicant will receive a confirmation letter indicating the Docket Number assignment. Information (filings, correspondence, etc.) is available on the Commission's Docket Management System (DMS) at https://dms.psc.sc.gov/Web.

Step 3: Public Service Commission Action

- A. The application is placed on the Commission's Agenda. The application is reviewed by the Commission one week as an advised item and the next week as an action item.
- B. The week the application is on the agenda as an action item, the Commission may discuss and approve or deny the application at its regularly scheduled Public Service Commission Meeting. (See PSC website for calendar.)
- C. The applicant will receive an Order from the Commission approving or denying the application.
- D. If approved, the applicant has 90 days from the date of the Order to comply with the rules and regulations of the Public Service Commission.

PHASE 2 - COMPLIANCE PROCESS - Office of Regulatory Staff - Transportation Department

If you have any questions regarding the requirements to comply with the PSC's Order to obtain a Certificate to begin operating in the State of South Carolina, please contact the Transportation Department at the Office of Regulatory Staff at 803-737-0800.

Complete Steps 4 and 5 only after your application has been approved by the PSC and you have received an Order.

Step 4: Obtaining a Certificate by Complying with the Public Service Commission Rules and Regulations

A. <u>License Decal Sticker</u> - Mail payment (cash, check, or money order) for license decal sticker(s) along with a completed Application for License Decal form to ORS. (Form available on the ORS website):

Office of Regulatory Staff Transportation Department 1401 Main Street, Suite 901 Columbia, SC 29201 **ORS Forms**

- B. <u>Vehicle/Records Inspection</u>
 - 1. Vehicles must be inspected by ORS staff prior to issuance of certificate.
 - 2. An ORS inspector will contact the Applicant to schedule an appointment to complete the Initial Inspection Report.
- C. <u>Proof of Insurance</u> Contact your insurance agent and request the insurance carrier complete and file the Uniform Motor Carrier Bodily Injury and Property Damage Liability Certificate of Insurance (**FORM E**.) The insurance carrier must file Form E with ORS. Form E can be scanned and emailed, faxed or mailed to:

Office of Regulatory Staff Transportation Department 1401 Main Street, Suite 901 Columbia, SC 29201 Fax: 803-737-0815

Step 5: Issuance of Certificate

- A. Applicant will receive a Certificate upon completion of Step 4.
- B. Operation without the Certificate is prohibited.

STATE OF SOUTH CAROLINA	BEFORE THE
(Caption of Case)	PUBLIC SERVICE COMMISSION
Example: Application for a Class C Charter Certificate from	OF SOUTH CAROLINA
John Doe dba Doe's Limo	
	TRANSPORTATION COVER SHEET
)
) DOCKET
) NUMBER:
) If this is your first time filing an application with the PSC, you will not
	have a Docket Number. The Commission will assign one to you. If you
	have filed with the Commission before, a Docket Number was assigned and should be entered above.
(Please type or print)	
Submitted by:	Telephone:
Address:	77
Address:	Fax:
	Other:
	Email:
NATURE OF ACTIO	ON (Check all that apply)
Application - Class A/A Restricted	Request for Name Change on Certificate
Application - Class C Taxi	Request to Amend Scope of Authority Request to Amend Tariff (rate increase, etc.)
Application - Class C Charter	Request to Amend Tariff (rate increase, etc.)
Application - Class C Charter Bus	Request to Amend Passenger Limit
Application - Class C Non-Emergency	Request
Application - Class C Stretcher Van	I I HYDIDIT
Application - Class E Household Goods	Late-Filed Exhibit
Application - Class E Hazardous Waste	Letter
Application	Proposed Order
Request for Extension to Comply with Order	Publisher's Affidavit
Request for Order Granting Authority to Obtain a Certificate to be Rescinded	
to be reschined	Response
Request for Cancellation of Certificate	Return to Petition
Request for Suspension	Other:
Request for Reinstatement	

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA 101 Executive Center Drive, Suite 100 Columbia, South Carolina 29210

Phone: (803) 896-5100

Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE FOR OPERATION OF MOTOR VEHICLE CARRIER

	Date:
CLASS C - TAXI	
Application is hereby made for a Certificate, in accessed. (1976), and amendments thereto.	ordance with the provision of S.C. Code Ann., § 58-23-10, et
	oration, partnership, or sole proprietorship, with or without trade name
Mailing Address of A	pplicant (if different from street address)
Phone	Fax
	Email Address
	opy of the Certificate of Existence from the South Carolina on must be attached. (If incorporated outside of SC, attach South n" Certificate.)
. Applicant must provide a State Criminal Backgro	ound Check from the state where the Applicant currently lives.
. Select Entity Type: (Check one)	
☐ Individual Owner/Sole Proprietorship	
Partnership - List names and addresses of a	If person having an interest in the business.
☐ Partnership - List names and addresses of a☐ Corporation - List names and addresses of t	

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

Financial Statement

Applicant's assets and liabilities are as follows:

Assets:	<u>Liabilities:</u>
Value of Real Estate	Mortgage/Loan on Real Estate
Value of Motor Vehicles	Loans Owed on Motor Vehicles
Cash on Hand	Business/Other Loans Owed
Cash in Bank	Other Liabilities or Debts
Value of Other Assets and Equipment	Total Liabilities
Total Assets	

INSTRUCTIONS:

- 1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
- 2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
- 3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
- 4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
- 5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
- 6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
- 7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
- 8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
- 9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

PROPOSED RATES AND CHARGES FOR SERVICE

Dron	acad Datas	and C	anrooc.
TOP	osca rate.	and C	Tal goo.

Requested Scope	e of Authority: Check	all counties in which	you are requesting p	permission to operate.
	e allowed to operate in al		•	request "Statewide"
Abbeville	Cherokee	Florence	Lee	Saluda
Aiken	Chester	Georgetown	Lexington	Spartanburg
Allendale	Chesterfield	Greenville	Marion	Sumter
Anderson	Clarendon	Greenwood	Mariboro	Union
Bamberg	Colleton	Hampton	McCormick	Williamsburg
Barnwell	Darlington	Horry	Newberry	York
Beaufort	Dillon	Jasper	Oconee	
Berkeley	Dorchester	Kershaw	Orangeburg	Statewide
Calhoun	Edgefield	Lancaster	Pickens	
Charleston	Fairfield	Laurens	Richland	

DESCRIPTION OF EQUIPMENT

You are **not** required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

	ber of Passengers Vehicle is Equi on the number of seatbelts in the		
1-7 Pass	sengers, including driver		
8-15 Pa	ssengers, including driver		
MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT
	2 W		
	1,654.4		
		. 116	

	INSURANC	E QUOTE
of current insurance policies may	plete, listing current insurand be required. Do not provide a	e premiums. At the discretion of the Commission, a cop copy of insurance policies unless requested. You will s been approved and an order has been issued by the
		opy of a quote from the insurance company.
The following insurance quo	te is for:	
	Name of App	licant
	Address of Ap	plicant
	Name of Insurance	Company
	Website or Home Office A	ddress of Company
The Insurance Company quote m	ust show the following:	
 Liability Insurance Premium 		
 <u>Liability Insurance Covera</u> 	<mark>ge</mark> Limits	
• Term of Coverage		
Minimum Limits - Intrastate Only	r:	
1-7 Passengers*	\$25,000/50,000/25,000	* Passengers = Number of seatbelts in the vehicle, including the driver's seatbelt
8-15 Passengers*	\$25,000/100,000/25,000	3
	nits prescribed. The insurance	lating to insurance requirements and the above quote e company making this quote is authorized by the ath Carolina.

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

Exhibit Fit, Willing, and Able (FWA)

			Name of	Applicant		
1.	Are there currently any o	7.672507	dgments against t	he Applicant?		
	O Yes	O No				
	If Yes, list judgements I	here:				
2.		ith South Card			gulations and governing for perate in compliance with	
	○ Yes	○ No				
3.	Is Applicant aware of the therewith?	e Commission	n's insurance requi	rements and the in	nsurance premium costs as	sociated
	uncrewitti:					

Exhibit on Driver Qualifications

1.	Applicant understands that all drivers must be a minimum of 18 years of age.			
	O Yes	○ No		
2.	and such record fr		in which the driver is) year driving record issued by the SC DMV or has been domiciled for such period must
	○ Yes	○ No		
3.	Applicant understands that a criminal history background check from the state where the driver currently lives must be maintained in the Applicant's business office.			
	O Yes	○ No		
				,
4.		hen operating a charter ve	_	Class C Taxi Certificate must have in license issued by the SC DMV or the current
	○ Yes	○ No		
5.	vehicles to drivers		quired to be registered	e prohibited from employing or leasing l, as sex offenders with the South Carolina ffenders.
	O Yes	O No		

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA 101 EXECUTIVE CENTER DRIVE, SUITE 100 COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that electronic service, registered or certified mail, upon	t every final order of the Commission must be served by the parties to the proceeding or their attorneys.
Please check the applicable box:	
through the Commission's eService System. The Appl	n orders related to the Applicant's authority in South Carolina licant authorizes the Commission to serve its orders by using the e- tion. To sign up for eService notifications, please visit www.psc.sc.
The Applicant DOES NOT AGREE to receive future (Carolina through the Commission's eService System.	Commission orders related to the Applicant's authority in South
The Applicant for the Certificate as set forth in the for above application are true and correct.	oregoing, swear or affirm that all statements contained in the
	Applicant's Signature
	Title of Applicant (e.g. President, Owner, etc.)
STATE OF SOUTH CAROLINA) COUNTY OF)	
SWORN TO BEFORE ME This day of, 20	
Notary Public	

Print Application

Commission Expires

Submitting an application for a Class C Charter Certificate involves two South Carolina state agencies:

1.) Public Service Commission of South Carolina (PSC) www.psc.sc.gov

PSC Website

2.) South Carolina Office of Regulatory Staff (ORS) www.regulatorystaff.sc.gov

ORS Website

The minimum time to obtain authority from the PSC and a certificate from the ORS is approximately four (4) weeks.

PHASE 1 - CERTIFICATION PROCESS - Public Service Commission - Clerk's Office

If you have any questions regarding the completion of the Transportation Cover Sheet and/or the Class C Charter Application, please call the Clerk's Office at 803-896-5100.

Step 1: Complete and Submit the Application.

Please ensure your name/name of business is consistent throughout the Application

- Complete all sections of the Transportation Cover Sheet and Class C Charter Application.
- В. Provide all signatures as required.
- Application must be notarized in appropriate area. C.
- If Applicant is an LLC or incorporated, please attach a copy of the Certificate of Existence from D. the South Carolina Secretary of State and Articles of Incorporation.
- Mail or Fax the completed Transportation Cover Sheet, Class C Charter Application, and F. attachments to:

Public Service Commission Clerk's Office 101 Executive Center Drive, Suite 100 Columbia, SC 29210 Fax: 803-896-5199

AND

Office of Regulatory Staff Transportation Department 1401 Main Street, Suite 900 Columbia, SC 29201 Fax: 803-737-0815

Step 2: Application is assigned a Docket Number.

Applicant will receive a confirmation letter indicating the Docket Number assignment. Information (filings, correspondence, etc.) is available on the Commission's Docket Management System (DMS) at https://dms.psc.sc.gov/Web. **Link to DMS**

Step 3: Public Service Commission Action

- The application is placed on the Commission's Agenda. The application is reviewed by the Commission one week as an advised item and the next week as an action item.
- B. The week the application is on the agenda as an action item, the Commission may discuss and approve or deny the application at its regularly scheduled Public Service Commission Meeting. (See PSC website for calendar.)
- C. The applicant will receive an Order from the Commission approving or denying the application.
- D. If approved, the applicant has 90 days from the date of the Order to comply with the rules and regulations of the Public Service Commission.

PHASE 2 - COMPLIANCE PROCESS - Office of Regulatory Staff - Transportation Department

If you have any questions regarding the requirements to comply with the PSC's Order to obtain a Certificate to begin operating in the State of South Carolina, please contact the Transportation Department at the Office of Regulatory Staff at 803-737-0800.

Complete Steps 4 and 5 only after your application has been approved by the PSC and you have received an Order.

Step 4: Obtaining a Certificate by Complying with the Public Service Commission Rules and Regulations

A. <u>License Decal Sticker</u> - Mail payment (cash, check, or money order) for license decal sticker(s) along with a completed Application for License Decal form to ORS. (Form available on the ORS website):

Office of Regulatory Staff Transportation Department 1401 Main Street, Suite 901 Columbia, SC 29201 **ORS Forms**

- B. <u>Vehicle/Records Inspection</u>
 - 1. Vehicles must be inspected by ORS staff prior to issuance of certificate.
 - 2. An ORS inspector will contact the Applicant to schedule an appointment to complete the Initial Inspection Report.
- C. <u>Proof of Insurance</u> Contact your insurance agent and request the insurance carrier complete and file the Uniform Motor Carrier Bodily Injury and Property Damage Liability Certificate of Insurance (**FORM E**.) The insurance carrier must file Form E with ORS. Form E can be scanned and emailed, faxed or mailed to:

Office of Regulatory Staff Transportation Department 1401 Main Street, Suite 901 Columbia, SC 29201 Fax: 803-737-0815

Step 5: Issuance of Certificate

- A. Applicant will receive a Certificate upon completion of Step 4.
- B. Operation without the Certificate is prohibited.

STATE OF SOUTH CAROLINA				
STATE OF SOUTH CAROLINA	BEFORE THE			
(Caption of Case)	PUBLIC SERVICE COMMISSION			
Example: Application for a Class C Charter Certificate from	OF SOUTH CAROLINA			
John Doe dba Doe's Limo				
	TRANSPORTATION COVER SHEET			
) DOCKET			
) NUMBER:			
)			
) If this is your first time filing an application with the PSC, you will not			
	have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned			
) and should be entered above.			
(Please type or print) Submitted by:	Telephone:			
Address:	Fax:			
	Other:			
NOTE: The cover sheet and information contained herein neither renl	Email: aces nor supplements the filing and service of pleadings or other papers			
	the Commission of South Carolina for the purpose of docketing and must			
be filled out completely.				
NATURE OF ACTION	ON (Check all that apply)			
Classical Class A/A Bastistal	Demos Services Change of Continues			
Application - Class A/A Restricted	Request for Name Change on Certificate			
Application - Class C Taxi	Request to Amend Scope of Authority			
Application - Class C Charter	Request to Amend Tariff (rate increase, etc.)			
Application - Class C Charter Bus	Request to Amend Passenger Limit			
Application - Class C Non-Emergency	Request			
Application - Class C Stretcher Van	Exhibit C			
Application - Class E Household Goods	Late-Filed Exhibit			
Application - Class E Hazardous Waste	Letter			
Application	Proposed Order			
Request for Extension to Comply with Order	Publisher's Affidavit			
Request for Order Granting Authority to Obtain a Certificate	Reservation Letter			
to be Rescinded	Response			
Request for Cancellation of Certificate	Return to Petition			
Request for Suspension	Other:			
Request for Reinstatement				

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA 101 Executive Center Drive, Suite 100 Columbia, South Carolina 29210

Phone: (803) 896-5100

Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE FOR OPERATION OF MOTOR VEHICLE CARRIER

	Date:
CLAS	SS C - CHARTER
	ation is hereby made for a Certificate, in accordance with the provision of S.C. Code Ann., § 58-23-10, et 976), and amendments thereto.
ı.	
Nan	e under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.
	Street Address of Applicant
-	Mailing Address of Applicant (if different from street address)
-	Phone Fax
	Email Address
Sec	ne Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina retary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South olina Secretary of State "Foreign Corporation" Certificate.)
3. Sel	ect Entity Type: (Check one)
	Individual Owner/Sole Proprietorship
	Partnership - List names and addresses of all person having an interest in the business.
	Corporation - List names and addresses of two principal officers.
_	
_	

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

Financial Statement

Applicant's assets and liabilities are as follows:

Assets:	<u>Liabilities:</u>
Value of Real Estate	Mortgage/Loan on Real Estate
Value of Motor Vehicles	Loans Owed on Motor Vehicles
Cash on Hand	Business/Other Loans Owed
Cash in Bank	Other Liabilities or Debts
Value of Other Assets and Equipment	Total Liabilities
Total Assets	

INSTRUCTIONS:

- 1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
- 2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
- 3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
- 4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
- 5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
- 6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
- 7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
- 8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
- 9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges:

Requested Scope of Authority: Check all counties in which you are requesting permission to operate. You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina. Abbeville Cherokee Saluda Florence Lee Aiken Chester Georgetown Lexington Spartanburg Allendale Chesterfield Greenville Marion Sumter Anderson Clarendon Greenwood Marlboro Union Bamberg Colleton McCormick Williamsburg Hampton Barnwell Darlington Horry Newberry York Beaufort Dillon Jasper Oconee Statewide Berkeley Dorchester Kershaw Orangeburg Calhoun Edgefield **Pickens** Lancaster Charleston Fairfield Laurens Richland

DESCRIPTION OF EQUIPMENT

You are **not** required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

N# EMPTY WEIGHT

	INSURANCI	E QUOTE
his form <u>MUST BE COMPLETEI</u>	<u>).</u>	
	Oo not provide a copy of insuran tion has been approved and an o	iums. At the discretion of the Commission, a copy of curren ce policies unless requested. You will not be required to rder has been issued by the PSC. THIS IS ONLY A QUOT ny.
The following insurance quote is fo	r:	
	Name of App	licant
	Address of Ap	plicant
	Name of Insurance	Company
	Website or Home Office A	ddress of Company
The Insurance Company quote m	ust show the following:	
Liability Insurance Premium	m_	
 <u>Liability Insurance Covera</u> 	ge Limits	
• Term of Coverage		
Minimum Limits - Intrastate Onl	y:	
1-7 Passengers*	\$25,000/50,000/25,000	* Passengers = Number of seatbelts in the vehicle, including the driver's seatbelt
8-15 Passengers*	\$25,000/100,000/25,000	

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-ofcredit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and

3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

Exhibit Fit, Willing, and Able (FWA)

	Name of Applicant
	Name of Applicant
1.	. Are there currently any outstanding judgments against the Applicant? O Yes O No
	If Yes, list judgements here:
2	Is Applicant familiar with all statutes and regulations, including sofaty regulations and governing for him moto
۷.	. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire moto carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?
	○ Yes ○ No
2	
٤.	. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?
	O Yes O No

Exhibit on Driver Qualifications

1.	Applicant understands that all drivers must be a minimum of 18 years of age.
	○ Yes ○ No
2.	Applicant understands that a certified copy of the driver's three (3) year driving record issued by the SC DMV and such record from the DMV of the state in which the driver is or has been domiciled for such period must be maintained in the Applicant's business office.
	○ Yes ○ No
3.	Applicant understands that a criminal history background check from the state where the driver currently liver must be maintained in the Applicant's business office.
	○ Yes ○ No
4.	Applicant understands that all drivers operating a vehicle under a Class C Certificate must have in their possession when operating a charter vehicle, a valid driver's license issued by the SC DMV or the current state of residence of the driver.
	O Yes O No
5.	Applicant understands that all Class C Certificate holders are prohibited from employing or leasing vehicles to drivers who are registered, or required to be registered, as sex offenders with the South Carolina State Law Enforcement Division or any national registry of sex offenders.
	O Yes O No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA 101 EXECUTIVE CENTER DRIVE, SUITE 100 COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

•	that every final order of the Commission must be served by pon the parties to the proceeding or their attorneys.
Please check the applicable box:	
through the Commission's eService System. The	ission orders related to the Applicant's authority in South Carolina Applicant authorizes the Commission to serve its orders by using the e- plication. To sign up for eService notifications, please visit www.psc.sc.
The Applicant DOES NOT AGREE to receive fu Carolina through the Commission's eService System	ture Commission orders related to the Applicant's authority in South tem.
The Applicant for the Certificate as set forth in tabove application are true and correct.	the foregoing, swear or affirm that all statements contained in the
	Applicant's Signature
	Title of Applicant (e.g. President, Owner, etc.)
STATE OF SOUTH CAROLINA)	
COUNTY OF)	
SWORN TO BEFORE ME This, 20	
Notary Public	
Commission Expires	

Submitting an application for a Class C Non-Emergency Certificate involves two South Carolina state agencies:

1.) Public Service Commission of South Carolina (PSC) www.psc.sc.gov

PSC Website

2.) South Carolina Office of Regulatory Staff (ORS) www.regulatorystaff.sc.gov

ORS Website

The minimum time to obtain authority from the PSC and a certificate from the ORS is approximately four (4) weeks.

PHASE 1 - CERTIFICATION PROCESS - Public Service Commission - Clerk's Office

If you have any questions regarding the completion of the Transportation Cover Sheet and/or the Class C Non-Emergency Application, please call the Clerk's Office at 803-896-5100.

Step 1: Complete and Submit the Application.

Please ensure name/name of business is consistent throughout the Application

- Complete all sections of the Transportation Cover Sheet and Class C Non-Emergency Application.
- B. Provide all signatures as required.
- C. Application must be notarized in appropriate area.
- If Applicant is an LLC or incorporated, please attach a copy of the Certificate of Existence from D. the South Carolina Secretary of State and Articles of Incorporation.
- Mail or Fax the completed Transportation Cover Sheet, Class C Non-Emergency Application, and F. attachments to:

Public Service Commission Clerk's Office 101 Executive Center Drive, Suite 100 Columbia, SC 29210 Fax: 803-896-5199

AND

Office of Regulatory Staff Transportation Department 1401 Main Street, Suite 900 Columbia, SC 29201 Fax: 803-737-0815

Step 2: Application is assigned a Docket Number.

Applicant will receive a confirmation letter indicating the Docket Number assignment. Information (filings, correspondence, etc.) is available on the Commission's Docket Management System (DMS) at https://dms.psc.sc.gov/Web. **Link to DMS**

Step 3: Public Service Commission Action

- The application is placed on the Commission's Agenda. The application is reviewed by the Commission one week as an advised item and the next week as an action item.
- B. The week the application is on the agenda as an action item, the Commission may discuss and approve or deny the application at its regularly scheduled Public Service Commission Meeting. (See PSC website for calendar.)
- C. The applicant will receive an Order from the Commission approving or denying the application.
- D. If approved, the applicant has 90 days from the date of the Order to comply with the rules and regulations of the Public Service Commission.

PHASE 2 - COMPLIANCE PROCESS - Office of Regulatory Staff - Transportation Department

If you have any questions regarding the requirements to comply with the PSC's Order to obtain a Certificate to begin operating in the State of South Carolina, please contact the Transportation Department at the Office of Regulatory Staff at 803-737-0800.

Complete Steps 4 and 5 only after your application has been approved by the PSC and you have received an Order.

Step 4: Obtaining a Certificate by Complying with the Public Service Commission Rules and Regulations

A. <u>License Decal Sticker</u> - Mail payment (cash, check, or money order) for license decal sticker(s) along with a completed Application for License Decal form to ORS. (Form available on the ORS website):

Office of Regulatory Staff Transportation Department 1401 Main Street, Suite 901 Columbia, SC 29201 **ORS Forms**

- B. Vehicle/Records Inspection
 - 1. Vehicles must be inspected by ORS staff prior to issuance of certificate.
 - 2. An ORS inspector will contact the Applicant to schedule an appointment to complete the Initial Inspection Report.
- C. <u>Proof of Insurance</u> Contact your insurance agent and request the insurance carrier complete and file the Uniform Motor Carrier Bodily Injury and Property Damage Liability Certificate of Insurance (**FORM E**.) The insurance carrier must file Form E with ORS. Form E can be scanned and emailed, faxed or mailed to:

Office of Regulatory Staff Transportation Department 1401 Main Street, Suite 901 Columbia, SC 29201 Fax: 803-737-0815

Step 5: Issuance of Certificate

- A. Applicant will receive a Certificate upon completion of Step 4.
- B. Operation without the Certificate is prohibited.

STATE OF SOUTH CAROLINA (Caption of Case) Example: Application for a Class C Charter Certificate from John Doe dba Doe's Limo	BEFORE THE PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA TRANSPORTATION COVER SHEET DOCKET NUMBER: If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.
(Please type or print) Submitted by:	Telephone: Fax:
NOTE: The cover sheet and information contained herein neither replace as required by law. This form is required for use by the Public Service (be filled out completely.	Other: Email: es nor supplements the filing and service of pleadings or other papers
NATURE OF ACTION	(Check all that apply)
Application - Class A/A Restricted	Request for Name Change on Certificate
Application - Class C Taxi	Request to Amend Scope of Authority
Application - Class C Charter	Request to Amend Tariff (rate increase, etc.)
Application - Class C Charter Bus	Request to Amend Passenger Limit
Application - Class C Non-Emergency	Request
Application - Class C Stretcher Van	Exhibit
Application - Class E Household Goods	Late-Filed Exhibit
Application - Class E Hazardous Waste	Letter
Application	Proposed Order
Request for Extension to Comply with Order	Publisher's Affidavit
Request for Order Granting Authority to Obtain a Certificate to be Rescinded	Reservation Letter Response
Request for Cancellation of Certificate	Return to Petition
Request for Suspension	Other:
Request for Reinstatement	

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA 101 Executive Center Drive, Suite 100 Columbia, South Carolina 29210

Phone: (803) 896-5100

Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE FOR OPERATION OF MOTOR VEHICLE CARRIER

CLASS C - NON-EMERGENCY	Date:		
Application is hereby made for a Certificate, in accordance seq. (1976), and amendments thereto.	ance with the provision of S.C. Code Ann., § 58-23-10, et		
1.			
Name under which business is to be conducted (corporati	on, partnership, or sole proprietorship, with or without trade name		
Street A	ddress of Applicant		
Mailing Address of Application	cant (if different from street address)		
Phone	Fax		
E	mail Address		
2. If the Applicant is an LLC or a corporation, a copy of Secretary of State and the Articles of Incorporation must Carolina Secretary of State "Foreign Corporation" Cer	st be attached. (If incorporated outside of SC, attach South		
3. Select Entity Type: (Check one)			
☐ Individual Owner/Sole Proprietorship			
Partnership - List names and address of all pers	son having an interest in the business.		
Corporation - List names and addresses of two	principal officers.		

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

Financial Statement

Applicant's assets and liabilities are as follows:

Assets:	<u>Liabilities:</u>
Value of Real Estate	Mortgage/Loan on Real Estate
Value of Motor Vehicles	Loans Owed on Motor Vehicles
Cash on Hand	Business/Other Loans Owed
Cash in Bank	Other Liabilities or Debts
Value of Other Assets and Equipment	Total Liabilities
Total Assets	

INSTRUCTIONS:

- 1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
- 2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
- 3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
- 4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
- 5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
- 6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
- 7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
- 8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
- 9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

uthority if you inten	id to operate in all co	ounties in South Carol	lina.	
Abbeville	Cherokee	Florence	Lee	Saluda
Aiken	Chester	Georgetown	Lexington	Spartanburg
Allendale	Chesterfield	Greenville	Marion	Sumter
Anderson	Clarendon	Greenwood	Marlboro	Union
Bamberg	Colleton	Hampton	McCormick	Williamsburg
Barnwell	Darlington	Horry	Newberry	☐ York
Beaufort	Dillon	Jasper	Oconee	
Berkeley	Dorchester	Kershaw	Orangeburg	Statewide
Calhoun	Edgefield	Lancaster	Pickens	
Charleston	Fairfield	Laurenc	Richland	

Requested Scope of Authority: Check all counties in which you are requesting permission to operate. You will only be allowed to operate in those counties checked below. You may request "Statewide"

DESCRIPTION OF EQUIPMENT

You are **not** required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

<u>Maximum Number of Passengers Vehicle is Equipped to Carry:</u> (The number of passengers a vehicle is equipped to carry is based on the number of <u>seatbelts</u> in the vehicle, including the driver's seatbelt.)

1-7 Passengers, including driver

8-15 Passengers, including driver

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT	WHEEL- CHAIR LIFT
	TE UP - July			
	CAS LAY			

INSURANCE QUOTE

This form **MUST BE COMPLETED.**

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of **insurance policies** unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. **THIS IS ONLY A QUOTE.** Please attach (or include) a copy of a quote from the insurance company.

Name of Applicant	
Address of Applicant	
Name of Insurance Company	

The Insurance Company quote must show the following:

- Liability Insurance Premium
- Term of Coverage

Minimum Liability Insurance Coverage Limits - Bodily injury and property damage limits will not be less than the following:

Liability Combined Each Occurrence	\$ 1,000,000
Medical Payments per Person	\$ 1,000

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

Exhibit Fit, Willing, and Able (FWA)

			Name	
1. Is	there currently any	outstanding judgm	ents against the Applicant?	
C) Yes	O No		
If	Yes, list judgemen	nts here:		
cai		South South Carolin	I regulations, including safety regulations and governing for- a, and does Applicant agree to operate in compliance with the	
C) Yes	O No		
2 1	A	Salar Camminai de		
	Applicant aware of erewith?	the Commission's	insurance requirements and the insurance premium costs ass	ociated
4114) Yes	O No		

Exhibit on Driver Qualifications

1.	Applicant understands that drivers must possess at least a current American Red Cross Standard First Aid and CPR Certificate or its equivalent, and records that verify/record such training must be kept on file at the company's primary place of of business within South Carolina.
	○ Yes ○ No
2.	Applicant understands that drivers must be in compliance with all OSHA regulations.
	○ Yes ○ No
3.	Applicant understands that drivers must be trained in the use of all vehicle installed safety equipment such as two-way radios, first-aid kits, fire extinguishers, and other equipment as outlined in PSC Regulations.
	○ Yes ○ No
4.	Applicant understands that drivers must be able to physically perform actions necessary to assist persons with disabilities, including wheelchair users.
	○ Yes ○ No
5.	Applicant understands that drivers must wear a professional uniform and photo identification badge that easily identifies the driver and the company for whom the driver works.
	○ Yes ○ No
6.	Applicant understands that drivers must complete twelve (12) hours of in-service training annually in the area of safety, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.
	O Yes O No

Print Application

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA 101 EXECUTIVE CENTER DRIVE, SUITE 100 COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

therewith.	
	part, that every final order of the Commission must be served by il, upon the parties to the proceeding or their attorneys.
Please check the applicable box:	
through the Commission's eService System.	ommission orders related to the Applicant's authority in South Carolina The Applicant authorizes the Commission to serve its orders by using the e- s Application. To sign up for eService notifications, please visit www.psc.sc.
The Applicant DOES NOT AGREE to receive Carolina through the Commission's eService	ve future Commission orders related to the Applicant's authority in South System.
The Applicant for the Certificate as set forth above application are true and correct.	in the foregoing, swear or affirm that all statements contained in the
	Applicant's Signature
	Title of Applicant (e.g. President, Owner, etc.)
STATE OF SOUTH CAROLINA)
COUNTY OF)
SWORN TO BEFORE ME	
Thisday of	
Notary Public	
Commission Expires	

8 of 8

Submitting an application for a Class C Stretcher Van Certificate involves two South Carolina state agencies:

1.) Public Service Commission of South Carolina (PSC) www.psc.sc.gov

PSC Website

2.) South Carolina Office of Regulatory Staff (ORS) www.regulatorystaff.sc.gov

ORS Website

The minimum time to obtain authority from the PSC and a certificate from the ORS is approximately four (4) weeks.

PHASE 1 - CERTIFICATION PROCESS - Public Service Commission - Clerk's Office

If you have any questions regarding the completion of the Transportation Cover Sheet and/or the Class C Stretcher Van Application, please call the Clerk's Office at 803-896-5100.

Step 1: Complete and Submit the Application.

Please ensure name/name of business is consistent throughout the Application

- Complete all sections of the Transportation Cover Sheet and Class C Stretcher Van Application.
- Provide all signatures as required. В.
- C. Application must be notarized in appropriate area.
- If Applicant is an LLC or incorporated, please attach a copy of the Certificate of Existence from D. the South Carolina Secretary of State and Articles of Incorporation.
- F. Mail or Fax the completed Transportation Cover Sheet, Class C Stretcher Van Application, and attachments to:

AND

Public Service Commission Clerk's Office 101 Executive Center Drive, Suite 100 Columbia, SC 29211 Fax: 803-896-5199

Office of Regulatory Staff Transportation Department 1401 Main Street, Suite 900 Columbia, SC 29201 Fax: 803-737-0815

Step 2: Application is assigned a Docket Number.

Applicant will receive a confirmation letter indicating the Docket Number assignment. Information (filings, correspondence, etc.) is available on the Commission's Docket Management System (DMS) at https://dms.psc.sc.gov/Web. Link to DMS

Step 3: Public Service Commission Action

- The application is placed on the Commission's Agenda. The application is reviewed by the Commission one week as an advised item and the next week as an action item.
- В. The week the application is on the agenda as an action item, the Commission may discuss and approve or deny the application at its regularly scheduled Public Service Commission Meeting. (See PSC website for calendar.)
- C. The applicant will receive an Order from the Commission approving or denying the application.
- D. If approved, the applicant has 90 days from the date of the Order to comply with the rules and regulations of the Public Service Commission.

PHASE 2 - COMPLIANCE PROCESS - Office of Regulatory Staff - Transportation Department

If you have any questions regarding the requirements to comply with the PSC's Order to obtain a Certificate to begin operating in the State of South Carolina, please contact the Transportation Department at the Office of Regulatory Staff at 803-737-0800.

Complete Steps 4 and 5 only after your application has been approved by the PSC and you have received an Order.

Step 4: Obtaining a Certificate by Complying with the Public Service Commission Rules and Regulations

A. <u>License Decal Sticker</u> - Mail payment (cash, check, or money order) for license decal sticker(s) along with a completed Application for License Decal form to ORS. (Form available on the ORS website):

Office of Regulatory Staff Transportation Department 1401 Main Street, Suite 901 Columbia, SC 29201 **ORS Forms**

- B. Vehicle/Records Inspection
 - 1. Vehicles must be inspected by ORS staff prior to issuance of certificate.
 - 2. An ORS inspector will contact the Applicant to schedule an appointment to complete the Initial Inspection Report.
- C. <u>Proof of Insurance</u> Contact your insurance agent and request the insurance carrier complete and file the Uniform Motor Carrier Bodily Injury and Property Damage Liability Certificate of Insurance (**FORM E**.) The insurance carrier must file Form E with ORS. Form E can be scanned and emailed, faxed or mailed to:

Office of Regulatory Staff Transportation Department 1401 Main Street, Suite 901 Columbia, SC 29201 Fax: 803-737-0815

Step 5: Issuance of Certificate

- A. Applicant will receive a Certificate upon completion of Step 4.
- B. Operation without the Certificate is prohibited.

	AC
STATE OF SOUTH CAROLINA (Caption of Case) Example: Application for a Class C Charter Certificate from John Doe dba Doe's Limo	BEFORE THE PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA TRANSPORTATION COVER SHEET DOCKET NUMBER: Number: If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.
(Please type or print) Submitted by:	Telephone:
Address:	Fax: Other: Email:
illed out completely. NATURE OF ACTI	ION (Check all that apply)
Application - Class A/A Restricted	Request for Name Change on Certificate Request to Amend Scope of Authority Request to Amend Tariff (rate increase, etc.)
Application - Class C Taxi	Request to Amend Scope of Authority
Application - Class C Charter	Request to Amend Tariff (rate increase, etc.)
Application - Class C Charter Bus	Request to Amend Passenger Limit
Application - Class C Non-Emergency	Request
Application - Class C Stretcher Van	Exhibit 9
Application - Class E Household Goods	Late-Filed Exhibit
Application - Class E Hazardous Waste	Letter
Application	Proposed Order
Request for Extension to Comply with Order	Publisher's Affidavit
Request for Order Granting Authority to Obtain a Certifica to be Rescinded	Reservation Letter
	Response
Request for Cancellation of Certificate	Return to Petition
Request for Suspension	Other:
Request for Reinstatement	

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA 101 Executive Center Drive, Suite 100 Columbia, South Carolina 29210

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE FOR OPERATION OF MOTOR VEHICLE CARRIER

CLASS C - STRETCHER VAN	Date:
Application is hereby made for a Certificate, in accordance seq. (1976), and amendments thereto.	dance with the provision of S.C. Code Ann., § 58-23-10, et
1.	
Name under which business is to be conducted (corpora	tion, partnership, or sole proprietorship, with or without trade name.
Street A	Address of Applicant
Mailing Address of Appl	licant (if different from street address)
Phone	Fax
E	Email Address
	of the Certificate of Existence from the South Carolina must be attached. (If incorporated outside of SC, attach South Certificate.)
3. Applicant must provide a State Criminal Backgroun	nd Check from the state where the Applicant currently lives.
4. Select Entity Type: (Check one) Individual Owner/Sole Proprietorship	
Partnership - List names and address of all per	rson having an interest in the business.
Corporation - List names and addresses of two	principal officers.

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

Financial Statement

Applicant's assets and liabilities are as follows:

Assets:	<u>Liabilities:</u>
Value of Real Estate	Mortgage/Loan on Real Estate
Value of Motor Vehicles	Loans Owed on Motor Vehicles
Cash on Hand	Business/Other Loans Owed
Cash in Bank	Other Liabilities or Debts
Value of Other Assets and Equipment	Total Liabilities
Total Assets	

INSTRUCTIONS:

- 1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
- 2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
- 3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
- 4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
- 5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
- 6. "<u>Business/Other Loans Owed</u>" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
- 7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
- 8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
- 9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges:

Requested Scope	of Authority: Check	an counties in which	<u>i you are requesting p</u>	<u>permission to operate</u>	
You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.					
Abbeville	Cherokee	Florence	Lee	Saluda	
Aiken	Chester	Georgetown	Lexington	Spartanburg	
Allendale	Chesterfield	Greenville	Marion	Sumter	
Anderson	Clarendon	Greenwood	Marlboro	Union	
Bamberg	Colleton	Hampton	McCormick	Williamsburg	
Barnwell	Darlington	Horry	Newberry	York	
Beaufort	Dillon	Jasper	Oconee		
Berkeley	Dorchester	Kershaw	Orangeburg	Statewide	
Calhoun	Edgefield	Lancaster	Pickens		
Charleston	Fairfield	Laurens	Richland		

DESCRIPTION OF EQUIPMENT

You are **not** required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT	WHEEL CHAIR LIFT
0				4
	man a life of the			

1	NSURANCE QUOTE
urrent insurance policies may be required. be required to purchase insurance until yo	current insurance premiums. At the discretion of the Commission, a context provide a copy of insurance policies unless requested. You was urread an application has been approved and an order has been issued by the (or include) a copy of a quote from the insurance company.
ne following insurance quote is for:	
	Name of Applicant
	Address of Applicant
T .	Name of Insurance Company
Website	or Home Office Address of Company
he Insurance Company quote must show the	following:
Liability Insurance Premium Term of Coverage	Limits Bodily injury and property
Minimum Liability Insurance Coverage I damage limits will not be less than the follo	

Liability Combined Each Occurance	\$ 1,000,000
Medical Payments per Person	\$ 1,000

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-ofcredit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

Exhibit Fit, Willing, and Able (FWA)

T 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Name	
1. Does Applicant have Yes	a Safety Rating from the U. No	S.D.O.T.? Pending	(Submit when received.)
If Yes, indicate	rating below and provide c	сору.	
O Satisfactory			asatisfactory
2. Have any of Applicanthe past twelve (12) r		placed "out of serv	vice" by Transport Police safety officers in
O Yes	O No		
3. Are there currently ar	ny outstanding judgments ag	gainst the Applican	ıt?
O Yes	O No		
If Yes, list judgemen	its here:		
	South South Carolina, and d		ety regulations and governing for-hire moto ee to operate in compliance with these
○ Yes	○ No		
5. Is Applicant aware of therewith?	the Commission's insuranc	e requirements and	the insurance premium costs associated
○ Yes	O No		

Exhibit on Driver and Assistant Driver Qualifications

1.	Applicant has	read and unde	rstands Commission Regulation 103-133(8).
	○ Yes		○ No
2.	issued by the S	SC DMV and	Tied copy of the driver's and assistant driver's three (3) year driving records such records from the DMV of the state in which the driver or the assistant ed for such period.
	O Yes		○ No
3.	Applicant has and assistant d		retained the criminal history background checks from the state where the driver
	O Yes		○ No
4.		valid drivers	Il drivers and assistant drivers must have in their possession at the time of licenses issued by the SC DMV or the current state of residence of the driver
	○ Yes		○ No
5.	assistant drive	rs who are reg	Il stretcher van certificate holders are prohibited from employing drivers and istered, or required to be registered, as sex offenders with the South Carolina sion or any national registry of sex offenders.
	O Yes		O No
6.	First Aid certification program that n	fication or an neets or excee	Il stretcher van drivers and assistant drivers must possess a current Red Cross American Safety and Health Institute certification, or certification from a ds the certification standards of the Red Cross First Aid or the American Safety ult Cardiopulmonary Resuscitation (CPR) certification.
	○ Yes		○ No
7.			ne driver's and assistant driver's Red Cross First Aid certification must be and the Adult CPR certification must be renewed annually.
	O Yes		○ No
8.			n individual must not be transported in a stretcher van if the individual has a ensed physician prohibiting transportation in a stretcher van.
	O Yes		○ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA 101 EXECUTIVE CENTER DRIVE, SUITE 100 COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

electronic service, registered or certified mail, upor	n the parties to the proceeding or their attorneys.
Please check the applicable box:	
through the Commission's eService System. The	ssion orders related to the Applicant's authority in South Carolina Applicant authorizes the Commission to serve its orders by using the oplication. To sign up for eService notifications, please visit www.psc.
The Applicant DOES NOT AGREE to receive future Carolina through the Commission's eService System	ure Commission orders related to the Applicant's authority in South em.
The Applicant for the Certificate as set forth in the above application are true and correct.	foregoing, swear or affirm that all statements contained in the
	Applicant's Signature
	Title of Applicant (e.g. President, Owner, etc.)
STATE OF SOUTH CAROLINA)	
COUNTY OF)	
SWORN TO BEFORE ME This day of, 20	
Notary Public	
Commission Expires	

Print Application

HOUSEHOLD GOODS/HAZARDOUS MATERIAL APPLICATION PROCESS

Submitting an application for a Class E Certificate involves two South Carolina state agencies:

1.) <u>Public Service Commission of South Carolina (PSC)</u> www.psc.sc.gov Contact the Clerk's Office at 803-896-5100 with questions regarding the completion of the Transportation Cover Sheet or Application.

PSC Website

Page 1 of 2

ORS Website

2.) <u>South Carolina Office of Regulatory Staff</u> (ORS) www.regulatorystaff.sc.gov Contact the Transportation Department at 803-737-0800 with questions regarding the certification process.

Step 1: Complete and Submit the Application.

Please ensure your name/name of business is consistent throughout the Application

- A. Complete all sections of the Transportation Cover Sheet and Application.
- Provide all signatures as required.
- C. Application must be notarized in appropriate areas.
- D. If Applicant is an LLC or incorporated, please attach a copy of the Certificate of Existence from the SC Secretary of State and a copy of the Articles of Incorporation.

E. Mail or FAX completed Transportation Cover Sheet, Application, and attachments to:

Public Service Commission

Clerk's Office

101 Executive Center Drive, Suite 100

Columbia, SC 29210

Fax: 803-896-5199

Mail or FAX completed Transportation, and attachments to:

Office of Regulatory Staff

Transportation Department

1401 Main Street, Suite 900

Columbia, SC 29201

Fax: 803-737-0815

Step 2: Application is assigned a Docket Number

- A. Applicant will receive a confirmation letter indicating the Docket Number assignment. Information (filings, correspondence, etc.) is available on the Commission's Docket Management System (DMS) at https://dms.psc.sc.gov/web.
- B. A confirmation letter from the Commission will explain attorney requirements.

Step 3: Application is published on the PSC's website for 15 days.

- A. If no objection is filed, the Commission may meet to determine if the Applicant is fit, willing, and able to perform the proposed service, upon a showing based upon criteria established by the Commission.
- B. If the Commission issues a Directive approving the Application, the Office of Regulatory Staff may then issue the Certificate.
- C. The Directive of the Commission shall serve as the Commission's Order 30 days after issuance.
- D. If an Objection to the Application is filed, the process is outlined at the end of this Document.

Step 4: Attorney Information

Applicant must be represented by an attorney if applicant is incorporated or an LLC.

Step 5: Commission Action

The Commission shall adopt regulations that provide criteria for establishing that the applicant is fit, willing, and able, and criteria. for establishing that the applicant must meet the requirement of public convenience and necessity. The determination that the proposed service is required by the public convenience and necessity must be made by the Commission on a case by case basis.

Docket is put on the Commission Agenda for action.

- 1. If denied, another application may not be made until at least 6 months have elapsed since the date of the denial.
- If approved, Applicant has 90 days from the date of the Order to file proof of liability and cargo insurance, rates, and obtain a satisfactory safety rating [performed by State Transport Police (803-896-5500)] with the Office of Regulatory Staff, 1401 Main Street, Suite 900, Columbia, SC 29201

3. After 90 days, requests for extension of time to comply must be requested in writing.

Step 6: Issuance of Certificate

- A. After filing of insurance, rates, and safety information, the Certificate is issued.
- B. Operation without the Certificate is prohibited.
- * Regulation 103-133 sets forth with particularity the requirements that an applicant must demonstrate in order to demonstrate "fit, willing, and able."

S.C. Code Regs. 103 133(1) also provides in relevant part that "[t]he public convenience and necessity criterion must be shown by the use of shipper witnesses, if the applicant applies for authority for more than three contiguous counties." The term "shipper witness" is not defined in the regulation, but the term "shipper witness" refers to a witness who can support the testimony of the applicant regarding the need for additional services in an area. Under S.C. Code Ann. §58-23-590, the applicant must prove that the "proposed service ... is required by the present public convenience and necessity." While an applicant will testify that his services are needed in an area, the shipper witnesses are to present supporting testimony that the services are in fact needed.

the "proposed service ... is required by the present public convenience and necessity." While an applicant must prove that the "proposed service ... is required by the present public convenience and necessity." While an applicant will testify that his services are needed in an area, the shipper witnesses are to present supporting testimony that the services are in fact needed.

Generally, a shipper witness includes, but is not limited to, a person who books, attempts to book, or controls the shipment of goods. In the context of providing supporting testimony regarding the present state of public convenience and necessity, a shipper witness is someone who, through first hand knowledge, is familiar with the availability, or unavailability, of moving services in an area. First hand knowledge should come from either requiring moving services personally or from booking moving services for a company or business, such as a relocation officer for a company. To properly address the public convenience and necessity criterion, a shipper witness should be able to present testimony concerning efforts to obtain moving services and the relative ease or difficulty in obtaining moving services from existing carriers in an area or areas proposed to be served by the applicant. While a shipper witness may have used the services of the applicant and may testify to satisfaction with the applicant's services, testimony regarding the applicant's service and satisfaction with those services goes more to the "fitness" of the applicant rather than to the issue of public convenience and necessity.

Further, testimony of the shipper witness(es) must address the "present public convenience and necessity." (Emphasis added.)
In other words, testimony should relate to recent events or incidents and should not focus on events that are distant or remote in time.

STATE OF SOUTH CAROLINA	BEFORE THE					
(0	PUBLIC SERVICE COMMISSION					
(Caption of Case)	OF SOUTH CAROLINA					
Example: Application for a Class C Charter Certificate from						
John Doe dba Doe's Limo) TRANSPORTATION COVER SHEET					
	DOCKET					
	NUMBER:					
	If this is your first time filing an application with the PSC, you will not					
	have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned					
	and should be entered above.					
(Please type or print)						
Submitted by:	Telephone:					
Address:	Fax:					
	Other:					
	Email:					
NATURE OF ACTION	N (Check all that apply)					
Application - Class A/A Restricted	Request for Name Change on Certificate					
Application - Class C Taxi	Request for Name Change on Certificate Request to Amend Scope of Authority Request to Amend Tariff (rate increase, etc.)					
Application - Class C Charter	Request to Amend Tariff (rate increase, etc.)					
Application - Class C Charter Bus	Request to Amend Passenger Limit					
Application - Class C Non-Emergency	Request					
Application - Class C Stretcher Van	Exhibit Late-Filed Exhibit					
Application - Class E Household Goods	Late-Filed Exhibit					
Application - Class E Hazardous Waste	Letter					
Application	Proposed Order					
Request for Extension to Comply with Order	Publisher's Affidavit					
Request for Order Granting Authority to Obtain a Certificate to be Rescinded	Reservation Letter					
Request for Cancellation of Certificate	Response					
Request for Suspension	Return to Petition					
Request for Suspension	Other:					

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

101 Executive Center Drive, Suite 100 Columbia, South Carolina 29210

Phone: (803) 896-5100 FAX: (803) 896-5199

APPLICATION FOR CERTIFICATE FOR OPERATION OF MOTOR VEHICLE CARRIER

En	nail Address
Phone	FAX
Mailing Address of Applic	cant (if different from street address)
Street Ac	ddress of Applicant
Name under which business is to be conducted (corporation	on, partnership, or sole proprietorship, with or without trade name.)
1.	
Amended Scope: (list counties)	
Current Scope: (list counties)	
☐ Amended Scope of Authority	
☐ New Application	
Check one:	
IMPORTANT! If application is to amend scope of autho before application will be accepted. If application is for a N	ority, a current annual report must be on file with the Commission IEW CERTIFICATE, do not submit annual report.
☐ E (HAZ) - Hazardous Material	
☐ E (HHG) - Household Goods	
Select Class: (Check one)	Date:
Salast Class (Charles and)	
THE BIOLITICAL OR OBJECT TO THE FOR OF BIOL	HONOT MOTOR VEHICLE CARRIER

- 2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)
- 3. Applicant must provide a State Criminal Background Check from the state where the Applicant currently lives.

Select Entity Type: (Ch Individual Owner/S								
Partnership - List n	mes and address of all person having an interest in the business.							
☐ Corporation - List n	ames and addresses of two principal officers.							
15								
Yes	provide intrastate transportation of household goods in another state: (Check on No	e.)						
If yes, attach a letter fi regulations of said sta	om the regulatory agency in the state(s) stating applicant is in compliance with the rules e agency.	and						
by the rules and regula	Has applicant been convicted of operating with no intrastate household goods authority or failure to abide by the rules and regulations pertaining to the intrastate transportation of household goods in this state or any other state? (Check one.)							
○ Yes	O No							
If yes, list dates and n	ture of convictions below.							
1 								
. Has applicant ever had any other state? (Check	a certificate authorizing the transportation of household goods revoked in this state one.)	te or						
○ Yes	O No							
If yes, list dates and	nature of revocations below.							

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

Financial Statement

Applicant's assets and liabilities are as follows:

Assets:	<u>Liabilities:</u>
Value of Real Estate	Mortgage/Loan on Real Estate
Value of Motor Vehicles	Loans Owed on Motor Vehicles
Cash on Hand	Business/Other Loans Owed
Cash in Bank	Other Liabilities or Debts
Value of Other Assets and Equipment	Total Liabilities
Total Assets	

INSTRUCTIONS:

- 1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
- "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
- 3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
- 4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
- 5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
- 6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
- 7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
- 8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
- 9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

PROPOSED MAXIMUM RATES AND CHARGES FOR SERVICE

Proposed Maximum Rates and Charges: (please attach a separate page with any rates, charges, or terms and conditions not included in this chart. Also, please attach a copy of the bill of lading.)

Company Name:

Docket No. (if
assigned):

			September 1		Ti	ransportati	on Charges			
	1 Truck				2 Trucks			al - a like field started burners (
2 Movers	3 Movers	4 Movers	2 Movers	3 Movers	4 Movers	5 Movers	6 Movers	Additional Mover(s)	Overtime Charges (Holidays/In- Season)	Minimum Hourly Charge
										10 10 10 10

			Additional Se	Declaration of Value						
		В	ulky Article C	Number of						
Television	Pool Table	Gun Cabinet	Gun Safe	Appliances	Piano	Golf Cart	Days to File Loss, Damage, or Overcharge Claim	Basic Amount	Insurance for Excess	Items of Particular Value
Elevator/Stair Carry	Excessive Distance or Long Carry	Pick-Up and Delivery	Packing and Unpacking	Waiting Time	Articles/Special Serving	Overnight Storage				

COMMODITIES TO BE TRANSPORTED AND AREA(S) TO BE SERVED

Transported: (Check or	ne)		
oods, as defined in R10	03-210(1)		
/astes, as defined in R1	03-210(2)		
Authority: Check all c	ounties in which you a	re requesting permissi	on to operate.
			"Statewide"
Cherokee	Florence	Lee	Saluda
Chester	Georgetown	Lexington	Spartanburg
Chesterfield	Greenville	Marion	Sumter
Clarendon	Greenwood	Marlboro	Union
Colleton	Hampton	McCormick	Williamsburg
☐ Darlington	Horry	Newberry	York
Dillon	Jasper	Oconee	
Dorchester	Kershaw	Orangeburg	Statewide
Edgefield	Lancaster	Pickens	
Fairfield	Laurens	Richland	
	Authority: Check all colored to operate in all country and to oper	lowed to operate in those counties checked been and to operate in all counties in South Carolin. Cherokee	Authority: Check all counties in which you are requesting permissical lowed to operate in those counties checked below. You may request and to operate in all counties in South Carolina. Cherokee

DESCRIPTION OF EQUIPMENT

You are **not** required to own a vehicle to file an application. However, prior to the Commission hearing, you will be required to have obtained a vehicle.

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT
		370	
3	10		
A = 5 = 5.00	2.19.4.00 P. 19.10 P. 19.10		
			200
		0.4500	
	200		
	THE SHEET STREET		

You are not require	INSURANCE QUOTE ed to purchase insurance until your application has been approved and an order has been issued by the PSC.
II quotes must me	eet the Public Service Commission requirements and be provided by an insurance company authorized by the partment of Insurance to do business in South Carolina. Please attach (or include) a copy of a quote from the
	The insurance quote must list current insurance premiums as listed below.
The following in	surance quote is for:
	Name of Applicant
	Address of Applicant
	Name of Insurance Company
	Website or Home Office Address of Company
The insurance c	ompany quote must show the following:
	ompany quote must show the following.
	Liability Insurance Premium
	Liability Insurance Premium
	 Liability Insurance Premium Liability Insurance Coverage Limits
	 Liability Insurance Premium Liability Insurance Coverage Limits Cargo Insurance Premium
	 Liability Insurance Premium Liability Insurance Coverage Limits
	 Liability Insurance Premium Liability Insurance Coverage Limits Cargo Insurance Premium
* Attach Certifi I am familiar wi meets the minin	 Liability Insurance Premium Liability Insurance Coverage Limits Cargo Insurance Premium Cargo Insurance Coverage Limits

Vehicle liability for vehicles less than 10,000 lbs. GVWR	\$ 5	500,000
Vehicle liability for vehicles 10,000 lbs. or more GVWR	\$ 7	750,000
Cargo - For loss of or damage to property carried on any one motor vehicle	\$	2,500
For loss of or damage to or aggregate of losses or damages of or to property occurring at any one time and place	\$	5,000

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state. sc.us/self-insurance.

Exhibit Fit, Willing, and Able (FWA)

	Name
1.	Does Applicant have a Safety Rating from the U.S.D.O.T.?
	O Yes O No O Pending (Submit when received.)
	If Yes, indicate rating below and provide copy.
	O Satisfactory O Conditional O Unsatisfactory
2.	Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?
	O Yes O No
3	Are there currently any outstanding judgment(s) against the Applicant?
٠.	○ Yes ○ No
	If "Yes", list judgements here:
	ij Tes , tist juagements here.
4.	Is Applicant familiar with all statutes and regulations, including safety regulations and workers' compensation laws that govern for-hire motor carrier operations in South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?
	○ Yes ○ No
5.	Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith? (The Insurance Quote on Page 6 must be completed, listing current insurance premiums.)
	O Yes O No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA 101 EXECUTIVE CENTER DRIVE, SUITE 100 COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

	on the parties to the proceeding or their attorneys.
Please check the applicable box:	
through the Commission's eService System. The A	sion orders related to the Applicant's authority in South Carolina Applicant authorizes the Commission to serve its orders by using the e-ication. To sign up for eService notifications, please visit www.psc.sc.
The Applicant DOES NOT AGREE to receive future Carolina through the Commission's eService System	re Commission orders related to the Applicant's authority in South m.
The Applicant believes that there is a need for its	company's services in the proposed service area.
The Applicant understands that this completed Aphearing purposes.	oplication serves as prefiled testimony for the Applicant for
The Applicant for the Certificate as set forth in th the above application are true and correct.	e foregoing, swear or affirm that all statements contained in
	Applicant's Signature
	Title of Applicant (e.g. President, Owner, etc.)
STATE OF SOUTH CAROLINA)	
)	
COUNTY OF)	
SWORN TO BEFORE ME	
This, 20	
Notary Public	
Commission Evniros	

Personal Identification Information

Name of Applicant:		
Address:		
Federal Employer Identification Number:		

****** Confidential ******

For Internal Use Only

Print Application

Detach, complete and remit AFTER	your safet	y audit has been	performed b	y State Trans	sport Police.
----------------------------------	------------	------------------	-------------	---------------	---------------

Applicant's Name

Safety Certification

If your operations are subject to Safety Fitness Procedures of the Federal Motor Carrier Safety Regulations (FMCSR) (49 CFR Parts 100-199), even if you have not yet received a Safety Fitness Rating, you must certify as follows:

Applicant has access to and if familiar with all applicable U.S.D.O.T regulations relating to the safe operation of Commercial vehicles. In so certifying, applicant is verifying that, as a minimum, it:

- 1. Has in place a system and an individual responsible for ensuring overall compliance with the FMCSR and the HM regulations;
- 2. Can produce a copy of the FMCSR and the HM regulations;
- 3. Has in place a driver safety/orientation program;

Commission Expires

- 4. Is familiar with the FMCSR governing driver qualifications and has in place a system for overseeing driver qualification requirements in accordance with 49 CFR Part 391.51C;
- 5. Has in place policies and procedures consistent with FMCSR governing driving and operational safety of commercial motor vehicles, including drivers' hours of service and vehicle inspection, repair, and maintenance (49 CFR Parts 392;395 and 396);
- 6. Are in compliance with the Controlled Substance and Alcohol Use and Testing as stated in FMCSR (49 CFR Part 40, 382, if applicable).

Any applicant who certifies they are in compliance with FMCSR and/or the HM regulations and upon completion of a compliance review audit, is found not to be in compliance, may have its certificate revoked.

PLE	ASE CHECK TH	E APPROPRIATE RESPONSE B	ELOW:
	○ Yes	O Not Applicable	
			(GVWR of 26,001 pounds or less) and do not a under the HM regulations and are thus exempt from
		ion, you must certify as follows:	g under the That regulations and are thus exempt from
		d will observe FMCSR general op E APPROPRIATE RESPONSE B	perational safety fitness guidelines. ELOW:
	○ Yes	O Not Applicable	
information and author criminal v	n supplied on this ized to file this ap iolations punishab	form or relating to this application plication. I know that willful mis	jury under the laws of the State of South Carolina, that all n is true and correct. Further, I certify that I am qualified statements or omissions of material fact constitute rescribed by law. (Note: This oath embraces all
	SWORN TO BE		
This	day of	, 20	Applicant's Signature
Notary Pub	lic		

- Process if an Objection to the Application is Filed

 Step 1: Nolice of Filing

 A. Applicant will receive a cover letter and a Notice of Filing document to be published in newspaper(s) that cover the area to be served.

 B. The Notice of Filing document will include a "return date" which signifies the deadline for parties to intervene as a party of record.

 C. Applicant MUST provide the Commission with the Original Publisher's Affidavits by the date specified in the cover letter.

 Step 2: Notice of Hearing

 A. If an Objection is filed with the Commission, the Commission must hold a Hearing to determine if the Applicant is fill, willing, and able to perform the proposed service.

 B. The Commission must publish a Notice of Hearing for an Application for a Certificate on the Commission website for not less than 30 days before the date of the Hearing.

 C. A Notice of Hearing adocument including the date, time, and place of hearing will be E-Served/mailed to all parties of record.

 Step 3: Hearing and Wilness Requirements (R. 103-133)* [See explanation below.]

 A. Applicant or Attorney MUST advise the Commission in writing of the number of witnesses to be presented at the hearing and the amount of time needed for presentation of testimony.

 B. All applicants and/or witnesses must prove that the carrier is fit, willing, and able to provide the services applied for.

 C. If statewide authority (or authority for more than three contiguous counties) is sought, Applicant must prove that the Public Convenience and Necessity criterion MUST be shown by the use of shipper witnesses. As C. Code Ann. 558-23-590 provides in part that the Office of Regulatory. Staff must issue a common carrier certificate or contract carrier-permit of public convenience and necessity, if the applicant-proves to the Commission regulations; and it the provisions of this chapter and the Commission regulations; and it is required by the certificate or one print of public convenience and necessity. The proposed service, to the extent to be authorized by

The Commission shall adopt regulations that provide criteria for establishing that the applicant is fit. willing, and able, and criteria, for establishing that the applicant must meet the requirement of publicconvenience and necessity. The determination that the proposed service is required by the publicconvenience and necessity must be made by the Commission on a case by case basis.

Docket is put on the Commission Agenda for action.

- 4. If denied, another application may not be made until at least 6 months have elapsed since the date of the denial.
- 5. If approved, Applicant has 90 days from the date of the Order to file proof of liability and cargo insurance, rates, and obtain a satisfactory safety rating [performed by State Transport Police (803-896-5500)] with the Office of Regulatory Staff, 1401 Main Street, Suite 900, Columbia, SC 29201
- 6. After 90 days, requests for extension of time to comply must be requested in writing.

Issuance of Certificate Step 5:

C. After filing of insurance, rates, and safety information, the Certificate is issued. D. Operation without the Certificate is prohibited.

Tri Carlo	
STATE OF SOUTH CAROLINA	int Application Clear Fields
STATE OF SOUTH CAROLINA	BEFORE THE
(Caption of Case)	PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
Example: Application for a Class C Charter Certific John Doe dba Doe's Limo	,
John Doe doa Doe's Emile	TRANSPORTATION COVER SHEET
)) DOCKET
) NUMBER:
	<u> </u>
) If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned
(Please type or print)) and should be entered above.
Submitted by:	Telephone:
Address:	Fax:
	Other:
	Email:
NATU	RE OF ACTION (Check all that apply)
	RE OF ACTION (Check an that apply)
Application - Class A/A Restricted	Request for Name Change on Certificate
Application - Class A/A Restricted Application - Class C Taxi	Request for Name Change on Certificate
	Request for Name Change on Certificate Request to Amend Scope of Authority
Application - Class C Taxi Application - Class C Charter	Request for Name Change on Certificate Request to Amend Scope of Authority Request to Amend Tariff (rate increase, etc.) Request to Amend Passenger Limit
Application - Class C Taxi Application - Class C Charter	Request for Name Change on Certificate Request to Amend Scope of Authority Request to Amend Tariff (rate increase, etc.) Request to Amend Passenger Limit
Application - Class C Taxi Application - Class C Charter Application - Class C Charter Bus	Request for Name Change on Certificate Request to Amend Scope of Authority Request to Amend Tariff (rate increase, etc.) Request to Amend Passenger Limit
Application - Class C Taxi Application - Class C Charter Application - Class C Charter Bus Application - Class C Non-Emergency	Request for Name Change on Certificate Request to Amend Scope of Authority Request to Amend Tariff (rate increase, etc.) Request to Amend Passenger Limit Request
Application - Class C Taxi Application - Class C Charter Application - Class C Charter Bus Application - Class C Non-Emergency Application - Class C Stretcher Van	Request for Name Change on Certificate Request to Amend Scope of Authority Request to Amend Tariff (rate increase, etc.) Request to Amend Passenger Limit Request Exhibit
Application - Class C Taxi Application - Class C Charter Application - Class C Charter Bus Application - Class C Non-Emergency Application - Class C Stretcher Van Application - Class E Household Goods	Request for Name Change on Certificate Request to Amend Scope of Authority Request to Amend Tariff (rate increase, etc.) Request to Amend Passenger Limit Request Exhibit Late-Filed Exhibit
Application - Class C Taxi Application - Class C Charter Application - Class C Charter Bus Application - Class C Non-Emergency Application - Class C Stretcher Van Application - Class E Household Goods Application - Class E Hazardous Waste	Request for Name Change on Certificate Request to Amend Scope of Authority Request to Amend Tariff (rate increase, etc.) Request to Amend Passenger Limit Request Exhibit Late-Filed Exhibit Letter Proposed Order
Application - Class C Taxi Application - Class C Charter Application - Class C Charter Bus Application - Class C Non-Emergency Application - Class C Stretcher Van Application - Class E Household Goods Application - Class E Hazardous Waste Application Request for Extension to Comply with Ord Request for Order Granting Authority to Other	Request for Name Change on Certificate Request to Amend Scope of Authority Request to Amend Tariff (rate increase, etc.) Request to Amend Passenger Limit Request Exhibit Late-Filed Exhibit Letter Proposed Order Publisher's Affidavit
Application - Class C Taxi Application - Class C Charter Application - Class C Charter Bus Application - Class C Non-Emergency Application - Class C Stretcher Van Application - Class E Household Goods Application - Class E Hazardous Waste Application Request for Extension to Comply with Ord Request for Order Granting Authority to Otto be Rescinded	Request for Name Change on Certificate Request to Amend Scope of Authority Request to Amend Tariff (rate increase, etc.) Request to Amend Passenger Limit Request Exhibit Late-Filed Exhibit Letter Proposed Order Publisher's Affidavit
Application - Class C Taxi Application - Class C Charter Application - Class C Charter Bus Application - Class C Non-Emergency Application - Class C Stretcher Van Application - Class E Household Goods Application - Class E Hazardous Waste Application Request for Extension to Comply with Ord Request for Order Granting Authority to Other	Request for Name Change on Certificate Request to Amend Scope of Authority Request to Amend Tariff (rate increase, etc.) Request to Amend Passenger Limit Request Exhibit Late-Filed Exhibit Letter Proposed Order Publisher's Affidavit Reservation Letter Reservation Letter
Application - Class C Taxi Application - Class C Charter Application - Class C Charter Bus Application - Class C Non-Emergency Application - Class C Stretcher Van Application - Class E Household Goods Application - Class E Hazardous Waste Application Request for Extension to Comply with Ord Request for Order Granting Authority to Otto be Rescinded	Request for Name Change on Certificate Request to Amend Scope of Authority Request to Amend Tariff (rate increase, etc.) Request to Amend Passenger Limit Request Exhibit Late-Filed Exhibit Letter Proposed Order Publisher's Affidavit Reservation Letter Response

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA 101 Executive Center Drive, Suite 100 Columbia, South Carolina 29210

Phone: (803) 896-5100 FAX: (803) 896-5199

APPLICATION FOR SALE, TRANSFER, OR LEASE OF CERTIFICATE FOR OPERATION OF MOTOR VEHICLE CARRIER

	Date:
IMPORTANT! A current annual report must be on file	e with the Commission <u>before</u> application will be accepted.
Select Class: (Check one)	
☐ E (HHG) - Household Goods ☐ E (HAZ) - Hazardous Material	
Type of Application: (Check one) Sale of Certificate Transfer of Certificate	
Lease of Certificate	
1.	
Name under which business is to be conducted (corporation	on, partnership, or sole proprietorship, with or without trade name.)
Street Ad	idress of Applicant
Mailing Address of Appli	icant if different from street address
Phone	FAX
En	nail Address

- 2. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, attach SC Secretary of State "Foreign Corporation" Certificate.)
- 3. Applicant must provide a State Criminal Background Check from the state where the Applicant currently lives.

	Select Entity Type: (Check	cone)
[☐ Individual Owner/So	le Proprietorship
	Partnership - List nam	mes and address of all person having an interest in the business.
	Corporation - List na	imes and addresses of two principal officers.
9		
5.	Is applicant certified to	provide intrastate transportation of household goods in another state: (Check one.)
	O Yes	○ No
	If yes, attach a letter fro regulations of said state	om the regulatory agency in the state(s) stating applicant is in compliance with the rules and e agency.
5.	Has applicant been conv by the rules and regulati other state? (Check one.	victed of operating with no intrastate household goods authority or failure to abide ions pertaining to the intrastate transportation of household goods in this state or any .)
	O Yes	○ No
	If yes, list dates and na	ture of convictions below.
7.	Has applicant ever had a	a certificate authorizing the transportation of household goods revoked in this state or
7.	Has applicant ever had a any other state? (Check	a certificate authorizing the transportation of household goods revoked in this state or one.)
7.		

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

Financial Statement

Applicant's assets and liabilities are as follows:

Assets:	<u>Liabilities:</u>
Value of Real Estate	Mortgage/Loan on Real Estate
Value of Motor Vehicles	Loans Owed on Motor Vehicles
Cash on Hand	Business/Other Loans Owed
Cash in Bank	Other Liabilities or Debts
Value of Other Assets and Equipment	Total Liabilities
Total Assets	

INSTRUCTIONS:

- 1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
- "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
- 3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
- 4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
- 5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
- 6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
- 7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
- 8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
- "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate
 knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills
 such as electricity bills, security system costs, insurance, salaries, etc.

PROPOSED MAXIMUM RATES AND CHARGES FOR SERVICE

Proposed Maximum Rates and Charges: (please attach a separate page with any rates, charges, or terms and conditions not included in this chart. Also, please attach a copy of the bill of lading.)

Company Name: Docket No. (if assigned):

and the same			CONTRACTOR OF STREET		T	ransportati	on Charges				Mark .	
	1 Truck		TI M		2 Trucks							
2 Movers	3 Movers	4 Movers	2 Movers	3 Movers	4 Movers	5 Movers	6 Movers	Addi	itional Mover(s)	(Holid	Charges ays/In- son)	Minimum Hourly Charg
			a d.Bat.							Declaration	on of Value	
				nal Service ticle Char					Number of	Designation	la l	
Television	Poo 1 Tab		n		pliances	Piano	Golf (Cart	Days to File Loss, Damage, or Overcharge Claim	Basic Amount	Insurance for Excess	

		FILED L.	Declaration	on of Value					
		Number of		1					
Television	Pool Table	Gun Cabinet	Gun Safe	Appliances	Piano	Golf Cart	Days to File Loss, Damage, or Overcharge Claim	Basic Amount	Insurance for Excess
Elevator/Stair Carry	Excessive Distance or Long Carry	Pick-Up and Delivery	Packing and Unpacking	Waiting Time	Articles/Special Serving	Overnight Storage			

COMMODITIES TO BE TRANSPORTED AND AREA(S) TO BE SERVED

reas to be Served: (List each county in	which you plan to operate)		
DESC	RIPTION OF EQUIPM	MENT	
AKE YEAR & MODEL	VIN#	WEIGHT EMPTY	CARRYING CAPACITY
		- 22.33	

^{*} Number of seats if passenger carrier or tonnage if freight carrier.

INSURANCE QUOTE

You are not required to purchase insurance until your application has been approved and an order has been issued by the PSC.

All quotes must meet the Public Service Commission requirements and be provided by an insurance company authorized by the South Carolina Department of Insurance to do business in South Carolina. Please attach (or include) a copy of a quote from the insurance quote must list current insurance premiums as listed below.

Name of Applicant	
Address of Applicant	
 Name of Insurance Company	

The insurance company quote must show the following:

- Liability Insurance Premium
- <u>Liability Insurance Coverage</u> Limits
- Cargo Insurance Premium
- Cargo Insurance Coverage Limits

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

* Form E and Form H Certificates of Insurance are required to be filed with the Office of Regulatory Staff (ORS). The schedule of minimum limits for Household Goods carriers are listed below:

Vehicle liability for vehicles less than 10,000 lbs. GVWR	\$:	500,000
Vehicle liability for vehicles 10,000 lbs. or more GVWR	\$ 7	750,000
Cargo - For loss of or damage to property carried on any one motor vehicle	\$	2,500
For loss of or damage to or aggregate of losses or damages of or to property occurring at any one time and place	\$	5,000

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state. sc.us/self-insurance.

^{*} Attach Certificate of Insurance if available.

Exhibit FWA

	Name
1. Does Ap	licant have a Safety Rating from the U.S.D.O.T.?
O Yes	O No O Pending (Submit when received.) Tes, indicate rating below and provide copy.
0	Satisfactory Conditional Unsatisfactory
	of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in velve (12) months?
O Yes	O No
3. Are there	currently any outstanding judgement(s) against the Applicant?
O Yes	○ No
If "Yes",	list judgements here:
4. Is Applic	nt familiar with all statutes and regulations, including safety regulations and workers' compensatio
laws that	govern for-hire motor carrier operations in South Carolina, and does Applicant agree to operate ince with these statutes and regulations?
O Yes	O No
5. Is Applic therewith	nt aware of the Commission's insurance requirements and the insurance premium costs associated
O Yes	O No
	Insurance Quote form must be completed, listing current insurance premiums. At the discretion of the a copy of current insurance policies may be required. Do not provide copy of insurance policies unless
	/ORN TO BEFORE ME Applicant's Signature day of, 20
Notary Public	
Commission E	nires

STATE OF SOUTH CAROLINA)
COUNTY OF	j
	CERTIFICATE
This Certificate is furr	nished by the undersigned in compliance with
Rule 103-135 (3)(b) of th	e Rules and Regulations of the Public Service
Commission of South Car	rolina in connection with the transfer of
authority to	
The undersigned states th	at the assets listed on the enclosed Bill of Sale
of	
are being transferred inclu	uding the authority granted in Certificate
No issue	ed by the Public Service Commission of South
Carolina; that there are no	o debts or claims against the transferor; no
unremitted COD or collec	ctions due shippers; no claims for loss of
or damage to goods transp	ported or received for transportion; no claims
for overages on property	transported; no interline accounts due other
carriers; and no wages du	e employees of the transferor.
SWORN TO BEFORE ME This day of, 20	Transferor's Signature
Naton, Duklia	
Notary Public Commission Expires	

The Public Service Commission of South Carolina Application for the Sale or Transfer of Certificate

	der of Class E Certificate No ty be granted said holder of Certi	ficate to sell or transfer	all rights title and interest un							
	ser or tranferee, and for the purpo									
e gran	ted, the following information is	submitted:								
1.										
		Owner or Transferor								
			Address							
	Email Ad	dress		Phone						
2.		Name of Pu	rchaser or Tranferee							
			Address							
	Email Ad	dress		Phone						
	Check one: O Corporation		Partnership Submit a copy of the partnership	O	Individual					
			agreement and a list of individuals							
	State of Incorporation:		composing the partnership.							
3.	The purchaser or transferee submits	a copy of the proposed t	ariff, which is the same as is now	in effect	with the following					
3.	The purchaser or transferee submits exception(s):			in effect	, with the following					
	exception(s):			in effect	, with the following					
3. 4.	exception(s):			in effect	, with the following					
4.	exception(s): The Certificate to be transferred is a Are there now any liens, mortgages.	attached.	ngainst, or in any way affecting th	is certific						
4. 5.	exception(s): The Certificate to be transferred is a Are there now any liens, mortgages. No Yes Att	attached. , or debts in effect over, a tach a complete list show	ngainst, or in any way affecting th	is certific	rate?					
4. 5.	exception(s): The Certificate to be transferred is a Are there now any liens, mortgages.	attached. , or debts in effect over, a tach a complete list show	ngainst, or in any way affecting th	is certific	rate?					
4. 5.	exception(s): The Certificate to be transferred is a Are there now any liens, mortgages. No Yes Att Is the proposed sale or transfer bein No Yes	attached. , or debts in effect over, a tach a complete list show g made in any way for th	ngainst, or in any way affecting th ring dates, amounts and names of e purpose of hindering, delaying,	is certific parties. or defrac	rate?					
4. 5.	exception(s): The Certificate to be transferred is a Are there now any liens, mortgages No Yes Att Is the proposed sale or transfer bein	attached. , or debts in effect over, a tach a complete list show g made in any way for th	ngainst, or in any way affecting th ring dates, amounts and names of e purpose of hindering, delaying,	is certific parties. or defrac	rate?					
4. 5.	exception(s): The Certificate to be transferred is a Are there now any liens, mortgages. No Yes Att Is the proposed sale or transfer bein No Yes	attached. , or debts in effect over, a tach a complete list show g made in any way for the	ngainst, or in any way affecting the ring dates, amounts and names of the purpose of hindering, delaying,	is certific parties. or defrac	rate? uding creditors?					
4. 5.	exception(s): The Certificate to be transferred is a Are there now any liens, mortgages. No Yes Att Is the proposed sale or transfer bein No Yes	attached. , or debts in effect over, a tach a complete list show g made in any way for the day of	ngainst, or in any way affecting the ring dates, amounts and names of the purpose of hindering, delaying,	is certific parties. or defrac	rate? uding creditors?					
4. 5.	exception(s): The Certificate to be transferred is a Are there now any liens, mortgages. No Yes Att Is the proposed sale or transfer bein No Yes	attached. , or debts in effect over, a tach a complete list show g made in any way for the day of Owner or Transferor By	ngainst, or in any way affecting the ring dates, amounts and names of the purpose of hindering, delaying,	is certific parties. or defrac	rate?					
4. 5.	exception(s): The Certificate to be transferred is a Are there now any liens, mortgages. No Yes Att Is the proposed sale or transfer bein No Yes	attached. , or debts in effect over, a tach a complete list show g made in any way for the day of Owner or Transferor By Title	ngainst, or in any way affecting th ring dates, amounts and names of e purpose of hindering, delaying, , 20	is certific parties. or defrau	rate?					
4. 5.	Are there now any liens, mortgages No Yes Att Is the proposed sale or transfer bein No Yes GIVEN under our hand this	attached. , or debts in effect over, a tach a complete list show g made in any way for the day of Owner or Transferor By Title Purchaser or Transferee	against, or in any way affecting th ring dates, amounts and names of e purpose of hindering, delaying, , 20	is certific parties. or defrac	rate? uding creditors?					
4.5.6.	exception(s): The Certificate to be transferred is a Are there now any liens, mortgages. No Yes Att Is the proposed sale or transfer bein No Yes	attached. , or debts in effect over, a tach a complete list show g made in any way for the day of Owner or Transferor By Title Purchaser or Transferee By	ngainst, or in any way affecting the ring dates, amounts and names of the purpose of hindering, delaying,	is certific parties. or defrac	rate?					
4.5.6.	exception(s): The Certificate to be transferred is a Are there now any liens, mortgages. No Yes Att Is the proposed sale or transfer bein No Yes GIVEN under our hand this	attached. , or debts in effect over, a tach a complete list show g made in any way for the day of Owner or Transferor By Title Purchaser or Transferee By	against, or in any way affecting th ring dates, amounts and names of e purpose of hindering, delaying, , 20	is certific parties. or defrac	ate?					
4.5.6.	exception(s): The Certificate to be transferred is a Are there now any liens, mortgages. No Yes Att Is the proposed sale or transfer bein No Yes GIVEN under our hand this SWORN TO BEFORE ME day of	attached. , or debts in effect over, a tach a complete list show g made in any way for the day of Owner or Transferor By Title Purchaser or Transferee By	ngainst, or in any way affecting the ring dates, amounts and names of the purpose of hindering, delaying,	is certific parties. or defrac	ate?					

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA 101 EXECUTIVE CENTER DRIVE, SUITE 100 COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C.Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol.2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

	authorizes the Commission to serve its orders by using the e- To sign up for eService notifications, please visit www.psc.sc.
The Applicant DOES NOT AGREE to receive future Common Carolina through the Commission's eService System.	nission orders related to the Applicant's authority in South
STATE OF SOUTH CAROLINA	
COUNTY OF	Applicant's Signature
I, Name of Applicant's Representative	Title
of	,
	pplicant going, swear or affirm that all statements contained in the
	Signature of Applicant's Representative
SWORN TO BEFORE ME This day of, 20	
Notary Public	
Commission Expires	

ACCEPTED FOR PROCESSING - 2022 May 24 7:56 AM - SCPSC - 2005-83-A - Page 93 of 94

Personal Identification Information

Name of Applicant:		1. 4. 1
Address:		
Federal Employer dentification Number:		

****** Confidential ******

For Internal Use Only

Print Application

Detach, complete and remit AFTER your safety audit has been performed by State Transport Police. Applicant's Name **Safety Certification** If your operations are subject to Safety Fitness Procedures of the Federal Motor Carrier Safety Regulations (FMCSR) (49 CFR Parts 100-199), even if you have not yet received a Safety Fitness Rating, you must certify as follows: Applicant has access to and if familiar with all applicable U.S.D.O.T regulations relating to the safe operation of Commercial vehicles. In so certifying, applicant is verifying that, as a minimum, it: 1. Has in place a system and an individual responsible for ensuring overall compliance with the FMCSR and the HM regulations; 2. Can produce a copy of the FMCSR and the HM regulations; 3. Has in place a driver safety/orientation program; 4. Is familiar with the FMCSR governing driver qualifications and has in place a system for overseeing driver qualification requirements in accordance with 49 CFR Part 391.51C; 5. Has in place policies and procedures consistent with FMCSR governing driving and operational safety of commercial motor vehicles, including drivers' hours of service and vehicle inspection, repair, and maintenance (49 CFR Parts 392; 395 and 396); 6. Are in compliance with the Controlled Substance and Alcohol Use and Testing as stated in FMCSR (49 CFR Part 40, 382, if applicable). Any applicant who certifies they are in compliance with FMCSR and/or the HM regulations and upon completion of a compliance review audit, is found not to be in compliance, may have its certificate revoked. PLEASE CHECK THE APPROPRIATE RESPONSE BELOW: O Yes Not Applicable Exempt Applicants - If you will operate only small vehicles (GVWR of 10,000 pounds or less) and do not transport hazardous materials in a quantity to require placarding under the HM regulations and are thus exempt from the FMCSR and HM regulation, you must certify as follows: Applicant is familiar with and will observe FMCSR general operational safety fitness guidelines.

PLEASE CHECK 7	HE APPROPRIATE RESPONSE BELOW:	
O Yes	O Not Applicable	
and authorized to file this criminal violations punish	, verify under penalty of perjury under the laws of the State of South Carolina, that a is form or relating to this application is true and correct. Further, I certify that I am qualified application. I know that willful misstatements or omissions of material fact constitute able by imprisonment and fines as prescribed by law. (Note: This oath embraces all all filings to this application).	
SWORN TO I		
This day of _		
	Applicant's Signature	

Print Application

Notary Public

Commission Expires